ChoiceAdoptions
Rethink Adoption

Date of referral: ___/___/_____
Today's date: ___/___/_____
Due date: ___/___/_____

PREGNANCY SERVICES INFORMATION SHEET

Contact Information:

Full Legal Name (First, Middle, Last, & Maiden)	
Permanent Address	
City, State, Zip	
Home Phone Cell Phone	_____ Can we leave identifying messages? Yes ☐ No ☐
Email Address	
Employer	
Work Phone	Can we contact you at work? Yes ☐ No ☐

Personal Information:

Date of Birth		Adopted? Yes ☐ No ☐
Social Security Number		U.S. Citizen? Yes ☐ No ☐ If no, passport/visa #:
Driver's License or ID (State & Number)		Copy of ID ☐
Your Race/Heritage (check all that apply)	☐ African American ☐ Asian ☐ Caucasian	☐ Hispanic ☐ Native American* ☐ Other _____
*If Native American	Tribe: _____ Location: _____ Blood Degree: ☐ Full ☐ 1/2 ☐ 1/4 ☐ 1/8 ☐ 1/16 ☐ 1/32 Enrollment #: _____	
Marital Status	☐ Single ☐ Separated ☐ Married Date: _____ City/State: _____ Is spouse birthfather? Yes ☐ No ☐ ☐ Divorced Date: _____ Court: _____	
Children	Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____	

If Client is Under 18 Years Old:

Parents' Names	
Address City, State, Zip	
Phone Numbers Home: _____	Father's Cell:_____ Father's Work:_____ Mother's Cell:_____ Mother's Work: _____
Email Addresses	Father: Mother:

Physical Characteristics:

Height	
Weight	
Eye Color	□ Brown □ Blue □ Green □ Hazel □ Other: _____
Hair Color/Texture	□ Brunette □ Blonde □ Red □ Black □ Other: _____ □ Straight □ Wavy □ Curly □ Thick □ Thin □ Fine □ Coarse
Skin Color	□ Fair □ Olive □ Tan □ Dark □ Other: _____

Biological Father Contact Information:

Full Legal Name (First, Middle, Last)	
Permanent Address	
City, State, Zip	
Home Phone Cell Phone	_____ Can we leave identifying messages? Yes □ No □
Email Address	
Employer	
Work Phone	Can we contact him at work? Yes □ No □

Is the Biological Father in any branch of the Armed Services of the United States? Yes □ No □

If yes, list the branch and his last known location: _____

Biological Father Personal Information:

Date of Birth	Adopted? Yes □ No □	
Social Security Number		U.S. Citizen? Yes □ No □ If no, passport/visa #:
Driver's License or ID (State & Number)	Copy of ID □	
Your Race/Heritage (check all that apply)	□ African American □ Asian □ Caucasian	□ Hispanic □ Native American* □ Other _____
*If Native American	Tribe: _____ Location: _____ Blood Degree: □ Full □ 1/2 □ 1/4 □ 1/8 □ 1/16 □ 1/32 Enrollment #: _____	
Marital Status	□ Single □ Separated □ Married Date: _____ City/State: _____ □ Divorced Date: _____ Court: _____	
Children	Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____	

If Biological Father is Under 18 Years Old:

Parents' Names	
Address City, State, Zip	
Phone Numbers Home: _____	Father's Cell: _____ Father's Work: _____ Mother's Cell: _____ Mother's Work: _____
Email Addresses	Father: Mother:

Biological Father Physical Characteristics:

Height	
Weight	
Eye Color	□ Brown □ Blue □ Green □ Hazel □ Other: _____
Hair Color/Texture	□ Brunette □ Blonde □ Red □ Black □ Other: _____ □ Straight □ Wavy □ Curly □ Thick □ Thin □ Fine □ Coarse
Skin Color	□ Fair □ Olive □ Tan □ Dark □ Other: _____

If Biological Father *<u>is not</u>* involved in adoption planning:

What is the nature of your relationship with the birthfather? _____

How long have you known him? _____

Did you ever live with the biological father? _____ If yes, during what period of time did you live together?_____

What was your means of financial support during the time you lived together?

_____

_____

Is the birthfather aware of the pregnancy? _____ Have you been in contact with the birthfather during the pregnancy? _____ If yes, please list the nature of the contact, how contact was made and the dates or approximate dates below:

_____

_____

_____

Medical Information:

Medical Coverage: _____	Policy Number: _____

Doctor's Name	
Address City, State, Zip	
Contact Numbers	Office #: _____ Fax #: _____

Hospital Name	
Address City, State, Zip	
Contact Numbers	Office #: _____ Fax #: _____

Counselor/Therapist's Name	
Address City, State, Zip	
Contact Numbers	Office #: _____ Fax #: _____

Miscellaneous:

Pregnancy-related expenses	_____ _____ _____
Type of adoptive family requested	_____ _____ _____ _____ _____ _____
In general, contact desired after placement	_____ _____ _____ _____ _____
Details or problems	_____ _____ _____
Where did you hear about Choice Adoptions?	

Meeting Availability:

	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Time							

On a scale of 1 to 10, with 1 representing mild interest/curiosity about the adoption option and 10 representing an absolute determination to place your baby for adoption, where would you consider yourself to be at this time?_____

Advocate's Name: _____ Date: _____