Georgia Department of Human Services

BIRTH FAMILY BACKGROUND INFORMATION FOR CHILD

Name of Child	Date of Birth	Sex	Race	Hispanic Ethnicity ☐ Yes ☐ No
Legal County (DHS Child)		Resident County (Non-DHS Child)		
Form Completed By	Relationship to Child		Telephone Number	Date
Information Obtained From	Relationship to Child		Telephone Number	Date

ALL RELATIONSHIPS ARE TO THE CHILD

CHILD'S NAME

		MATERNAL			PATERNAL	
CHILD'S	MOTHER	GRANDMOTHER	GRANDFATHER	FATHER	GRANDMOTHER	GRANDFATHER
DATE OF BIRTH:						
RACE / ETHNIC						
NATIONAL DESCENT:						
HAIR COLOR:						
EYE COLOR:						
COMPLEXION:						
WEIGHT:						
HEIGHT:						
OCCUPATION:						
GENERAL HEALTH:						
EDUCATION:						
IF DECEASED, AGE & CAUSE						
SPECIAL CHARACTERISTICS:						

	CHILD'S MATERNAL AUNTS & UNCLES			CHILD'S PATERNAL AUNTS & UNCLES		
DATE OF BIRTH:						
RACE / ETHNIC:						
NATIONAL DESCENT:						
HAIR COLOR:						
EYE COLOR:						
COMPLEXION:						
WEIGHT:						
HEIGHT:						
OCCUPATION:						
GENERAL HEALTH:						
EDUCATION:						
IF DECEASED, AGE & CAUSE:						
SPECIAL CHARACTERISTICS:						

ALL RELATIONSHIPS ARE TO THE CHILD

SIBLINGS OF CHILD

MATERNAL

DATE OF BIRTH:				
FULL OR HALF SIBLING:				
SEX:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
GENERAL HEALTH:				
SCHOOL GRADE AND ACHIEVEMENT:				
SPECIAL CHARACTERISTICS:				

PATERNAL

DATE OF BIRTH:				
FULL OR HALF SIBLING:				
SEX:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
GENERAL HEALTH:				
SCHOOL GRADE AND ACHIEVEMENT:				
SPECIAL CHARACTERISTICS:				

ALL RELATIONSHIPS ARE TO THE CHILD

FAMILY OF CHILD'S MOTHER

CHILD'S	MATERNAL		PATERNAL	
	GREAT GRANDMOTHER	GREAT GRANDFATHER	GREAT GRANDMOTHER	GREAT GRANDFATHER
DATE OF BIRTH:				
RACE / ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
IF DECEASED, AGE & CAUSE:				
SPECIAL CHARACTERISTICS:				

CHILD'S	MATERNAL GREAT AUNTS AND UNCLES		PATERNAL GREAT AUNTS AND UNCLES	
DATE OF BIRTH:				
RACE / ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
IF DECEASED, AGE & CAUSE:				
SPECIAL CHARACTERISTICS:				

ALL RELATIONSHIPS ARE TO THE CHILD

FAMILY OF CHILD'S FATHER

CHILD'S	MATERNAL		PATERNAL	
	GREAT GRANDMOTHER	GREAT GRANDFATHER	GREAT GRANDMOTHER	GREAT GRANDFATHER
DATE OF BIRTH:				
RACE / ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
IF DECEASED, AGE & CAUSE:				
SPECIAL CHARACTERISTICS:				

CHILD'S	MATERNAL GREAT AUNTS AND UNCLES		PATERNAL GREAT AUNTS AND UNCLES	
DATE OF BIRTH:				
RACE / ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
IF DECEASED, AGE & CAUSE:				
SPECIAL CHARACTERISTICS:				

ALL RELATIONSHIPS ARE TO THE CHILD

FAMILY MEDICAL INFORMATION
MATERNAL

Select YES or NO to each of the following diseases or conditions. For YES selections, use the space below to identify the family member, the age of onset of the disease/condition, and its level of severity.

	YES	NO		YES	NO		YES	NO
1. Allergies a) drugs	☐	☐	7. Congenital Birth Abnormalities	☐	☐	b) premature births	☐	☐
b) foods	☐	☐	8. Cleft Lip	☐	☐	c) still births	☐	☐
c) asthma	☐	☐	9. Cleft Palate	☐	☐	d) incompetent cervix	☐	☐
d) hay fever	☐	☐	10. Cystic Fibrosis	☐	☐	e) ectopic pregnancies	☐	☐
e) other _____	☐	☐	11. Diabetes	☐	☐	f) eclamptogenic toxemia	☐	☐
2. Alcoholism/Drug Addiction	☐	☐	12. Dwarfism	☐	☐	g) spontaneous abortion	☐	☐
3. Blood Diseases	☐	☐	13. Epilepsy	☐	☐	h) other _____	☐	☐
a) hemophilia	☐	☐	14. Hearing Disorders	☐	☐	29. Respiratory Diseases	☐	☐
b) Rh disease	☐	☐	15. Huntington Disease	☐	☐	a) emphysema	☐	☐
c) sickle cell disease/trait	☐	☐	16. Hyperactivity (ADHD)	☐	☐	b) bacterial pneumonia	☐	☐
d) thalassemia (cooly's anemia)	☐	☐	17. Immune System Disease	☐	☐	c) tuberculosis	☐	☐
e) other _____	☐	☐	a) HIV Positive	☐	☐	d) other _____	☐	☐
4. Bone Diseases	☐	☐	b) AIDS	☐	☐	30. Skin Disorders	☐	☐
a) arthritis	☐	☐	18. Learning Disability (specify) _____	☐	☐	a) psoriasis	☐	☐
b) curvature of spine	☐	☐	19. Liver Disease	☐	☐	b) other _____	☐	☐
c) other structural malformation	☐	☐	20. Mental Illness	☐	☐	31. Speech Disorders	☐	☐
d) other _____	☐	☐	a) bi-polar	☐	☐	a) stuttering	☐	☐
5. Cancer	☐	☐	b) schizophrenia	☐	☐	b) tongue tie	☐	☐
a) breast	☐	☐	c) other _____	☐	☐	c) sound omissions	☐	☐
b) bowel	☐	☐	21. Mental Retardation	☐	☐	d) sound distortions	☐	☐
c) colon	☐	☐	a) Downs Syndrome	☐	☐	e) delayed speech	☐	☐
d) ovarian	☐	☐	b) PKU	☐	☐	f) other _____	☐	☐
e) skin	☐	☐	c) Lesch-Nyham syndrome	☐	☐	32. Sudden Infant Death	☐	☐
f) stomach	☐	☐	d) Hunters	☐	☐	33. Systemic Lupus Erythematosis	☐	☐
g) lungs	☐	☐	e) tuberous sclerosis	☐	☐	34. Thyroid Disorders	☐	☐
h) leukemia	☐	☐	f) other _____	☐	☐	35. Tay-Sachs Disease	☐	☐
i) other _____	☐	☐	22. Migraine Headache	☐	☐	36. Tourettes Syndrome	☐	☐
6. Cardiovascular Disease	☐	☐	23. Multiple Births	☐	☐	37. Visual Disorders	☐	☐
a) atherosclerosis	☐	☐	24. Multiple Sclerosis	☐	☐	a) cataracts	☐	☐
b) congenital heart defect	☐	☐	25. Muscular Dystrophy	☐	☐	b) dyslexia	☐	☐
c) heart attack	☐	☐	26. Myasthenia Gravis	☐	☐	c) glaucoma	☐	☐
d) hyperlipidemia	☐	☐	27. Obesity	☐	☐	d) retinitis pigmentosa	☐	☐
e) stroke	☐	☐	28. Pregnancy Complications	☐	☐	e) strabismus	☐	☐
f) high blood pressure	☐	☐	a) drug/alcohol use during pregnancy	☐	☐	f) other _____	☐	☐
g) other _____	☐	☐				38. Any other diseases which have occurred repeatedly in family (specify) _____	☐	☐

Biological Mother's age at onset of menses

Indicate Number and Letter for YES selections and include information specified above (attach additional page if needed)

ALL RELATIONSHIPS ARE TO THE CHILD

FAMILY MEDICAL INFORMATION
PATERNAL

Select YES or NO to each of the following diseases or conditions. For YES selections, use the space below to identify the family member, the age of onset of the disease/condition, and its level of severity.

	YES	NO		YES	NO		YES	NO
1. Allergies a) drugs	☐	☐	7. Congenital Birth Abnormalities	☐	☐	b) premature births	☐	☐
b) foods	☐	☐	8. Cleft Lip	☐	☐	c) still births	☐	☐
c) asthma	☐	☐	9. Cleft Palate	☐	☐	d) incompetent cervix	☐	☐
d) hay fever	☐	☐	10. Cystic Fibrosis	☐	☐	e) ectopic pregnancies	☐	☐
e) other _____	☐	☐	11. Diabetes	☐	☐	f) eclamptogenic toxemia	☐	☐
2. Alcoholism/Drug Addiction	☐	☐	12. Dwarfism	☐	☐	g) spontaneous abortion	☐	☐
3. Blood Diseases	☐	☐	13. Epilepsy	☐	☐	h) other _____	☐	☐
a) hemophilia	☐	☐	14. Hearing Disorders	☐	☐	29. Respiratory Diseases	☐	☐
b) Rh disease	☐	☐	15. Huntington Disease	☐	☐	a) emphysema	☐	☐
c) sickle cell disease/trait	☐	☐	16. Hyperactivity (ADHD)	☐	☐	b) bacterial pneumonia	☐	☐
d) thalassemia (cooly's anemia)	☐	☐	17. Immune System Disease	☐	☐	c) tuberculosis	☐	☐
e) other _____	☐	☐	a) HIV Positive	☐	☐	d) other _____	☐	☐
4. Bone Diseases	☐	☐	b) AIDS	☐	☐	30. Skin Disorders	☐	☐
a) arthritis	☐	☐	18. Learning Disability (specify) _____	☐	☐	a) psoriasis	☐	☐
b) curvature of spine	☐	☐	19. Liver Disease	☐	☐	b) other _____	☐	☐
c) other structural malformation	☐	☐	20. Mental Illness	☐	☐	31. Speech Disorders	☐	☐
d) other _____	☐	☐	a) bi-polar	☐	☐	a) stuttering	☐	☐
5. Cancer	☐	☐	b) schizophrenia	☐	☐	b) tongue tie	☐	☐
a) breast	☐	☐	c) other _____	☐	☐	c) sound omissions	☐	☐
b) bowel	☐	☐	21. Mental Retardation	☐	☐	d) sound distortions	☐	☐
c) colon	☐	☐	a) Downs Syndrome	☐	☐	e) delayed speech	☐	☐
d) ovarian	☐	☐	b) PKU	☐	☐	f) other _____	☐	☐
e) skin	☐	☐	c) Lesch-Nyham syndrome	☐	☐	32. Sudden Infant Death	☐	☐
f) stomach	☐	☐	d) Hunters	☐	☐	33. Systemic Lupus Erythematosis	☐	☐
g) lungs	☐	☐	e) tuberous sclerosis	☐	☐	34. Thyroid Disorders	☐	☐
h) leukemia	☐	☐	f) other	☐	☐	35. Tay-Sachs Disease	☐	☐
i) other _____	☐	☐	22. Migraine Headache	☐	☐	36. Tourettes Syndrome	☐	☐
6. Cardiovascular Disease	☐	☐	23. Multiple Births	☐	☐	37. Visual Disorders	☐	☐
a) atherosclerosis	☐	☐	24. Multiple Sclerosis	☐	☐	a) cataracts	☐	☐
b) congenital heart defect	☐	☐	25. Muscular Dystrophy	☐	☐	b) dyslexia	☐	☐
c) heart attack	☐	☐	26. Myasthenia Gravis	☐	☐	c) glaucoma	☐	☐
d) hyperlipidemia	☐	☐	27. Obesity	☐	☐	d) retinitis pigmentosa	☐	☐
e) stroke	☐	☐	28. Pregnancy Complications	☐	☐	e) strabismus	☐	☐
f) high blood pressure	☐	☐	a) drug/alcohol use during pregnancy	☐	☐	f) other _____	☐	☐
g) other _____	☐	☐		☐	☐	38. Any other diseases which have occurred repeatedly in family (specify)_____	☐	☐

Indicate Number and Letter for YES selections and include information specified above (attach additional page if needed)

ALL RELATIONSHIPS ARE TO THE CHILD

NAMES AND ADDRESSES

NAME **DATE OF BIRTH** **ADDRESS**

CHILD:

MATERNAL

	NAME	DATE OF BIRTH	ADDRESS
MOTHER:			
GRANDMOTHER:			
GRANDFATHER:			
AUNTS & UNCLES:			
SIBLINGS:			

PATERNAL

	NAME	DATE OF BIRTH	ADDRESS
FATHER:			
GRANMOTHER:			
GRANDFATHER:			
AUNTS & UNCLES:			
SIBLINGS:			

Is mother aware of the provision of 19-8-23(f) Reunion Registry **YES** ☐ **NO** ☐

Is father aware of the provision of 19-8-23 (f) Reunion Registry) **YES** ☐ **NO** ☐