SECTION II – NON IDENTIFYING INFORMATION ABOUT BIRTHMOTHER

This information will be given to the adopting parents and will be available to your child. Please answer all questions as completely as possible. ch (Initial)

PART I – CHARACTERISTICS OF BIRHTMOTHER AT TIME OF ADOPTEE'S BIRTH

A. GENERAL INFORMATION AND PHYSICAL DESCRIPTION:

HEIGHT	USUAL WEIGHT	EYE COLOR	SKIN COLOR	NATURAL HAIR COLOR	NATURAL HAIR TEXTURE (CHECK ALL THAT APPLY)
5'4	160	green	fair	Brown	☐ FINE ☐ MEDIUM ☐ COARSE ☐ STRAIGHT ☑ WAVY ☐ CURLY ☐ BALDING

BIRTHDATE (YEAR ONLY)	BIRTHPLACE (STATE ONLY)	BLOOD TYPE	RH FACTOR	BODY TYPE	ARE YOU RIGHT HANDED ☐
1993	California			☐ SMALL BONED ☑ MEDIUM BONED ☐ LARGE BONED	LEFT HANDED ☑

Race/Ethnic Group
☑ White ☐ Hispanic ☐ Filipino ☐ Black ☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native ☑ Other (Specify) ~~Aztec~~, norwegian

If American Indian or Alaskan Native, please specify name of tribe and degree of Indian blood (if known)

SPECIFIC NATIONALITY DESCENT (EXAMPLE: IRISH, FRENCH, GERMAN, CANTONESE, MEXICAN, NIGERIAN)

Norwegian, Zacatacus, Mexican, Danish

B. EDUCATION:

LAST GRADE COMPLETED	PRESENTLY IN SCHOOL	USUAL GRADES IN SCHOOL	OTHER TRAINING
11th	☐ YES ☑ NO	B-C	

EXTRA CURRICULAR ACTIVITIES

Marching Band

SUBJECTS INTERESTED IN

Science, geography, music, Skateboarding

C. OCCUPATION:

PRESENT OCCUPATION	HOW LONG?	USUAL OCCUPATION

WHAT ARE YOUR OCCUPATIONAL GOALS? (EXAMPLE: TO BE A TEACHER, WELDER, SALES CLERK)

To become a psychologist.

D. PERSONALITY:

DESCRIBE YOUR PERSONALITY IN TERMS OF YOUR USUAL BEHAVIOR, ATTITUDES, MOODS, ACITIVITIES YOU USUALLY PARTICIPATE IN, TYPES OF PEOPLE YOU ENJOY BEING WITH, ETC.

Im a very fun loving person, I hate drama and love everything nature. Im Some what of a hippie you could Say, Im blunt and honest and do not like bullies. learning about natural foods and what edible plants do for us, is one of my favorite past times. I love to keep the peace as much as possible and Im a leader. I love kids and being a mentor.

DESCRIBE TALENTS, HOBBIES AND GOALS IN LIFE.

I can Speak norwegian (Bokmal) I could Survive in the wilderness if I needed I know the art of bushwack.

DESCRIBE HOW YOU WERE AS A CHILD

I was Shy and withdrawn. I had a hard Childhood so a lot of Stuff was Supressed.

E. ADOPTION QUESTIONS:

Religion:

What Religion do you practice: Norse paganism

ARE YOU WILLING TO HAVE YOUR CHILD REARED IN THE RELIGIOUS FAITH OF THE ADOPTING PARENTS, IF DIFFERENT FROM YOUR OWN? ☑ YES ☐ NO

IF NO, WHAT RELIGIOUS FAITH DO YOU WISH YOUR CHILD TO BE REARED?

WHY DID YOU PLACE THIS CHILD FOR ADOPTION? (PLEASE RESPOND AS THOROUGHLY AS YOU CAN. THIS IS THE QUESTION ADULT ADOPTEES MOST OFTEN ASK ADOPTION AGENCIES.)

I got pregnant in the aftermath of the covid-19 pandemic. My life and my fiance's financially fell apart. We moved into the grandparents house for help and Support. We cannot give these twins the life they fully deserve. Right now we are barley getting back on our feet.

IF YOUR CHILD WAS NOT PLACED FOR ADOPTION AT BIRTH, GIVE INFORMATION ON THE CHILD'S CARE, HEALTH AND DEVELOOPMENT BEFORE PLACEMENT.

HOW DO YOU FEEL ABOUT BEING CONTACTED BY THE ADOPTEE WHEN HE OR SHE REACHES ADULTHOOD?

would love it more then anything

F. BIRTHMOTHER'S MENSTRUAL HISTORY AND PREGNANCY HISTORY OF CHILD:

1. MENSTRUAL HISTORY

HOW OLD WERE YOU WHEN YOU BEGAN TO MENSTRUATE? 13 years old

WHAT IS THE USUAL LENGTH OF YOUR PERIOD? 4 days

ARE YOU REGULAR? ☑ YES ☐ NO

NO. OF DAYS IN CYCLE:

DO YOU HAVE PROBLEMS WITH YOUR PERIODS? ☐ YES ☑ NO ☐ IF YES, EXPLAIN

WERE YOU A "DES" BABY? ☐ YES ☐ NO ☑ UNKNOWN

2. THIS PREGNANCY

NAME AND ADDRESS OF OBSTETRICIAN WHO PROVIDED YOU WITH PRENATAL CARE:

Dr. Herrero — 5380 S Rainbow Blvd #308 — Las Vegas, NV 89118

NAME OF OBSTETRICIAN / ADDRESS / STREET / CITY / STATE / ZIP CODE

WHEN DID PRENATAL CARE BEGIN? 9/29/21

WHAT WAS YOUR AGE WHEN YOU BECAME PREGNANT? 27

NUMBER OF WEEKS THIS PREGNANCY? 14 weeks

TYPE OF BIRTH ☐ SINGLE ☑ MULTIPLE IF MULTIPLE, HOW MANY? 2

COMPLICATIONS DURING THIS PREGNANCY? ☐ YES ☑ NO ☐ IF YES, EXPLAIN

HAVE YOU GIVEN BIRTH TO ANY OTHER CHILDREN? ☑ YES ☐ NO ☐ IF YES HOW MANY

3. CONDITIONS DURING THIS PREGNANCY

Condition			Condition	Condition	Condition	Condition		
GERMAN MEASLES	☐ YES	☑ NO	☐ HERPES	☐ GONORRHEA	☐ SYPHILIS	VIRUS (E.G., FLU)	☐ YES	☑ NO
INFECTIONS	☐ YES	☑ NO	☐ CHLAMYDIA	☐ GENITAL WARTS		ACCIDENTS	☐ YES	☑ NO

IF YES TO ANY OF THE ABOVE, SPECIFY TYPE OF CONDITION(S), DATE(S) AND TYPE OF TREATMENT

no Complications but I am Hiv positive

4. DRUGS TAKEN DURING, AND WITHIN ONE YEAR PRIOR, TO THIS JPREGNANCY:

	Taken during this pregnancy (Check √ under appropriate column)		Taken within one year prior to pregnancy		WHEN?	HOW OFTEN?	AMOUNT?
a. Prescription Drugs: [Give name(s)]	YES	NO	YES	NO			
1. ISentress	√				Since 2017	every day	400 mg/1200 mg
2. Truvada	√						
3.							
4.							
b. Nonprescription Drugs, Including aspirin, nose drops, etc.							
1. prenatals	√		√		2020	every day	
2.							
3.							
4.							
c. Alcohol and other substances:							
1. Alcohol (wine, beer, etc)		√					
2. Amphetamines (uppers)		√					
3. Barbiturates (downers)		√					
4. Tobacco		√					
5. Cocaine		√					
6. Crack		√					
7. Heroin		√					
8. LSD		√					
9. PCP		√					
10. Marijuana	√		√		2017	every day	2 times a day
11. Other (specify)		√					
		√					

Have you ever been an IV drug user? ☐ YES ☑ NO

G. PERSONAL HEALTH HISTORY

DESCRIBE YOUR GENERAL HEALTH

Besides Hiv, Have always been in general good health

WHAT CHILDHOOD DISEASES HAVE YOU HAD?

MEASLES ☐ RUBELLA (3 DAY) ☐ RUBELLA (2 WEEK) ☐ MUMPS ☐ CHICKEN POX ☐ WHOOPING COUGH ☐ HAYFEVER ☐ ROSEOLA ☐ ASTHMA ☒ EAR INFECTIONS ☐ ENCEPHALITIS ☐ MENINGITIS ☐ EAR RHEUMATIC FEVER ☐ HEART MURMUR ☐ SCARLET FEVER ☐ RHEUMATIC FEVER ☐ URINARY/BLADDER INFECTIONS ☐ OTHER (Specify)

ANY MAJOR SURGERY? ☒ YES ☐ NO IF YES, FOR WHAT CONDITIONS/and when? C-Section (2018) Right leg tibia Steel Rod (2018)

ARE YOU A: ☐ TWIN ☐ TRIPLET ☐ OTHER MULTIPLE BIIRTH ARE YOU AN ☐ IDENTICAL OR ☐ FRATERNAL TWIN

H. FAMILY HISTORY

WERE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY ADOPTED?

☐ YES ☒ NO IF YES, PLEASE TELL WHO

	YOUR BIOLOGICAL FATHER	YOUR BIOLOGICAL MOTHER
Current age	60	63
If deceased, age at death	—	—
Cause of death		—
Height & Weight	HEIGHT 5'10 WEIGHT 190	HEIGHT 5'3 WEIGHT 142
Hair color and texture	Brown, wavy	blue, blonde hair fair
Eye color	Brown	Blue
Skin color	Brown	fair
Left or right handed	left	Right
Outstanding features	—	—
Education Completed	12th grade	12th grade
Occupation		Sales
Race/Ethnic Group	☒ WHITE ☒ HISPANIC ☐ BLACK ☐ FILIPINO ☐ ASIAN OR PACIFIC ISLANDER ☐ OTHER (SPECIFY ☐ AMERICAN INDIAN OR ALASKAN NATIVE	☒ WHITE ☐ HISPANIC ☐ BLACK ☐ FILIPINO ☐ ASIAN PACIFIC ISLANDER ☐ OTHER (SPECIFY) ☐ AMERICAN INDIAN OR ALASHAN NATIVE
Nationality		white, german
Religion	Christian	Spiritual
Was this parent aware of your pregnancy?	☒ YES ☐ NO	☒ YES ☐ NO
How many brothers or sisters did she/he have?	1 Sister 1 brother	1 Sister, 1 brother
If any of your aunts or uncles have died, give age at death and cause of death.		47, brother (Adopted) heart comple

	YOUR FATHER'S PARENTS		YOUR MOTHER'S PARENTS	
	FATHER	MOTHER	FATHER	MOTHER
Age			54	52
If deceased, age at death and cause of death	April 17, 1995 anurism	July, 12 2014 cancer	Suicide	Cancer, lung
Describe physical appearance				5'1 130
Height & Weight	5'10 220	5'5 120	6'1 210	5'1 130
Outstanding Features	—	—	—	—
Education completed	12th grade	12th grade		N/A
Current of former occupation	—			N/A
Was he/she aware of your pregnancy?	☐ YES ☒ NO		☐ YES ☒ NO	

H. FAMILY HISTORY: (continued)

YOUR BROTHERS AND SISTERS

(If you have more than 4 siblings, please use additional paper)

	1	2	3	4
Sex (Male or Female)	male	female	male	
Age	35	33	32	
If deceased, age at death and cause	—	—	—	
Full or half sibling to you?	☐ FULL ☒ HALF	☐ FULL ☒ HALF	☐ FULL ☒ HALF	☐ FULL ☐ HALF
Height & Weight	HEIGHT / WEIGHT	HEIGHT / WEIGHT	HEIGHT / WEIGHT	HEIGHT / WEIGHT
Hair color and texture	Brown, thick	Brown, thick	blonde	
Eye color	blue	Hazel	blue	
Skin color	fair, tan	fair	fair	
Hobbies and talents		Hiking swimming		
Last grade completed	College	12th grade	12th grade	
Presently in school?	☒ YES ☐ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO
Occupation	electritian	s pt		
Aware of Pregnancy?	☒ YES ☐ NO	☒ YES ☐ NO	☐ YES ☒ NO	☐ YES ☐ NO
Marital Status	Married	engaged	Single	
Number of children they have	2	0	1	
Health of their children	great		great	

YOUR OTHER CHILDREN

(If you have more than 4 children, please use additional paper)

	Child #1	Child #2	Child #3	Child #4
Indicate if son or daughter	Son			
Birthday (mo/day/yr) or age	9/22/18			
Full or half sibling to you?	☒ FULL ☐ HALF	☐ FULL ☐ HALF	☐ FULL ☐ HALF	☐ FULL ☐ HALF
If deceased, age at death				
Cause of death				
Height & Weight	HEIGHT ~ / WEIGHT ~60	HEIGHT / WEIGHT	HEIGHT / WEIGHT	HEIGHT / WEIGHT
Hair color and texture	Blonde/Brown/Fair			
Eye color	blue			
Skin color	fair			
Left or right handed	Right			
Grade completed	—			
Does this child live with you	☒ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Hobbies and talents				
General health	very good			
Major surgery	No			
Health problems	No			
Was this child aware of the pregnancy?	☐ YES ? ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

I. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES

Indicate by checking appropriate box if YOU or any RELATIVES (i.e., your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections.

MEDICAL CONDITION	NO	Not Known	YES Self	YES – RELATIVE *(Specify relationship)*	COMMENTS
A CONGENITAL IMPAIRMENTS 1. Clubfoot or any orthopedic problem (i.e., flat footed, etc.)	✓				
2. Harelip (cleft lip or cleft palate)	✓				
3. Down's Syndrome	✓				
4. Other Chromosome abnormality	✓				
5. Hydrocephalus	✓				
6. Muscular dystrophy	✓				Parts of body involved? Age at onset?
7. Dwarfism	✓				
8. Spina bifida	✓				
9. Congenital heart defect	✓			moms brother	
10. Sickle Cell Anemia	✓				
11. Tay-Sachs disease	✓				
B ALLERGIES 1. Eczema or other skin condition	✓				To what allergies? What treatment or medication?
2. Hay fever or other allergy	✓				
3. Drug allergy	✓				To what drugs?
4. Food allergy	✓				To what foods?
C EYE, DENTAL, EAR AND DEVELOPMENTAL DISORDERS 1. Blindness, glaucoma, color blindness or other visual problems			✓	my mother and I	my mother has early signs of Cattarax
2. Corrective glasses or contact lenses			✓	my self	At what age were prescription lenses necessary? 22 years old
Nearsighted ☐ Farsighted ☑			✓		
Astigmatism ☑ (Inability to focus)			✓	in my right eye	
Strabismus ☐ (Cross-eyed)	✓				
Other (explain) ☐	✓				
3. Braces on teeth or other orthodontia work	✓				If so, what orthodontic work and for how long?

I. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES – RELATIVE *(Specify relationship)*	COMMENTS
4. Deafness or other ear problems	√				Special education? If "Yes", indicate age at onset.
5. Speech problems	√				
6. Learning disability	√				Any diagnosis? Hospitalization?
7. Retardation: mental or physical	√				
D CIRCULATORY DISORDERS					
1. Hemophilia	√				
2. Sickle cell anemia or trait	√				
3. Hypertension (high blood pressure)	√				Age at onset? What treatment? Hospitalization?
4. Stroke	√				
5. Heart attack (coronary)	√	√		grandpa (dads side)	
6. Arthritis	√				What kind? Age at onset? What part of body?
7. Kidney disease	√				Age at onset? What treatment?
E HORMONAL DISORDERS					
1. Diabetes	√			grandpa	Age at onset? What treatment? N/A
2. Thyroid disorder	√				
3. Obesity (overweight)	√				
F RESPIRATORY DISORDERS					Any (known) cause? What treatment?
1. Asthma	√				
2. Emphysema	√				Age at onset?
3. Tuberculosis	√				Age at onset? What kind? What part of body?
G MENTAL AND BEHAVIORAL DISORDERS					Age at onset? What treatment? Hospitalization?
1. Diagnosed schizophrenia	√				
2. Diagnosed manic depressive			√	myself	26 after my son was born No Hospitalization
3. Other mental illness. Describe, using additional page, if necessary			√	myself	post pardum
4. Alcoholism or heavy drinking	√			my mother	all the time
5. Drug usage	√				Kind, amount, and when taken?

I. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES – RELATIVE *(Specify relationship)*	COMMENTS
H LYMPHATIC DISORDERS 1. Cancer				grandmothers on both sides	What kind? Age of onset? What part of body? lung and colon
2. Tumors	√				
3. Cystic fibrosis	√				
4. Hodgkin's disease	√				
I NERVOUS SYSTEM DISORDERS 1. Multiple sclerosis	√				Parts of body involved? Age at onset?
2. Huntington's disease	√				
3. Cerebral palsy	√				
4. Seizures or convulsions	√				Age at onset? What treatment? Frequency?
5. Epilepsy	√				
J INFECTION, HOSPITALIZATION 1. Repeated attacks of fever with known infection	√				Diagnosis?
2. Repeated severe infection necessitating hospitalization	√				
3. Hospitalization, operation, or injury					What for? When?
K OTHER MEDICAL OR HEALTH PROBLEMS					