

**The International Adoption Clinic**  
**Of**  
**Kennedy Krieger Institute and Johns Hopkins Children's Center**  
**CLIENT INFORMATION**

Today's Date: \_\_\_\_\_

Name(s) of individual(s) requesting evaluation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code County

Home phone number: \_\_\_\_\_

Additional Contact Information: Name: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Email is requested so written report can be sent before telephone conference.

If you prefer to receive written report via fax, please list fax number: \_\_\_\_\_

Referral source: \_\_\_\_\_

Child's name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Gender of child:  Male  Female

Child's birth city and country: \_\_\_\_\_

Name of orphanage (if applicable): \_\_\_\_\_

Date child was placed in orphanage: \_\_\_\_\_

What materials do you want evaluated?

Videotape: Date(s) of videotape clip(s) and minutes of videotape clip(s) (**MANDATORY**)

Date(s) \_\_\_\_\_ Number of minute(s) \_\_\_\_\_

- Please specify which child to evaluate if more than one child is shown on this tape.

Medical Records

Client's relationship to the child:  Worker/organization assisting with placement

Prospective parent  Other: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_