

Checklist - Bulgaria

Please fill out this form checking every condition of the below mentioned which you are ready to consider and accept in relation to the profile of the child you want to adopt. This form does not obligate you to adopt a certain child but gives better directions when your family is being consider for certain matching.

Please feel free to write clarifications in the COMMENTS section if needed.

FAMILY HISTORY	CHECK IF YOU ACCEPT	COMMENTS
NO DATA		
DRUG USE		
ALCOHOL USE		
MENTAL/PSYCHIATRIC CONDITIONS		
MENTAL DELAY/LOW EDUCATIONAL LEVEL		
DATA FOR ABUSE IN THE FAMILY		
CHILD CONCEIVED OF INCEST		
HIV POSITIVE MOTHER		
FAMILY HISTORY OF SYPHILIS		
FAMILY HISTORY OF EPILEPSY		
FAMILY HISTORY OF INTELLECTUAL DEFICITS		
FAMILY HISTORY OF SOCIAL DELAYS		
FAMILY HISTORY OF CEREBRAL PALSY		
FAMILY HISTORY OF PHYSICAL CONDITION		

CHILD'S CONDITIONS AT DELIVERY	CHECK IF YOU ACCEPT	COMMENTS
BORN BEFORE 36 GESTATION WEEK		
BIRTH WEIGHT UNDER 2		

KG (less than 5 pounds)		
COMPLICATIONS AT BIRTH		
RESPIRATORY DISTRESS SYNDROME		
UMBILICAL HERNIA		
IMPERFORATE ANUS		
LACTOSE INTOLERANCE		

CHILD'S SKIN CONDITIONS	CHECK IF YOU ACCEPT	COMMENTS
SCARS OR NEVUSES ON BODY		
SCARS ON FACE FROM DELIVERY (not surgical)		
RAISED ANGIOMA		
RED CONGENITAL ANGIOMA		
BURN SCARS		
PSORIASIS		

CHILD'S VISION	CHECK IF YOU ACCEPT	COMMENTS
ONE EYE BLIND		
ONE EYE MISSING		
PARTIAL BLINDNESS		
TOTAL BLINDNESS		
STRABISMUS		
NYSTAGMUS		
POSSIBLE VISION PROBLEMS, CORRECTABLE WITH GLASSES		
POSSIBLE VISION PROBLEMS, CORRECTABLE WITH SURGERY		
GLAUCOMA		
COLOBOMA		

CHILD'S MOUTH CONDITIONS	CHECK IF YOU ACCEPT	COMMENTS
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CLEFT PALATE		
CLEFT LIP		
CLEFT LIP AND PALATE		
FACE DEFORMITY		

CHILD'S HEARING	CHECK IF YOU ACCEPT	COMMENTS
EAR INFECTIONS		
PARTIAL DEAFNESS		
DEAF AND DUMB		
DEAFNESS WITHOUT DUMBNESS		
DEAFNESS IN ONE EAR		
EAR DEFORMITY (hearing not lost)		
EAR DEFORMITY (hearing lost)		

CHILD'S DEVELOPMENT CONDITIONS	CHECK IF YOU ACCEPT	COMMENTS
DEVELOPMENTAL DELAYS		
MILD MENTAL DELAY/LOW IQ		
MENTAL DELAY		
SPEECH DELAYS DUE TO THE NEGLECT		
SPEECH DIFFICULTIES		
DISLEXIA		
FETAL ALCOHOL SYNDROME		
FETAL ALCOHOL EFFECT		

CHILD'S HEART CONDITION	CHECK IF YOU ACCEPT	COMMENTS
HEART MURMUR		
HEART DISEASES AND ANOMALIES		
POSSIBLE OPEN HEART OPERATION		
FORAMEN OVALE		
HISTORY OF HEART SURGERY (positive current		

development)		
ATRIAL SEPTUM DEFECT		
VENTRICULAR SEPTUM DEFECT		
TETRALOGY OF FALLOT		

CHILD'S HERNIA	CHECK IF YOU ACCEPT	COMMENTS
HYPOSPADIAS		
CRYPTORCHISM		
HERNIA		
HERNIA - REPAIRED		
PHIMOSIS		

CHILD'S INFECTIOUS DISEASES	CHECK IF YOU ACCEPT	COMMENTS
PARASITES		
PARASITES TREATED		
TBC POSITIVE		
TBC EXPOSURE/LATENT		
VDRL POSITIVE (treated after delivery)		
HEPATITIS C CARRIER		
HEPATITIS B CARRIER		
HEPATITIS B POSITIVE		
HEPATITIS C POSITIVE		
HIV POSITIVE		
HIV EXPOSURE BY BIRTH		

CHILD'S ORTHOPEDIC PROBLEMS	CHECK IF YOU ACCEPT	COMMENTS
SHORT HEIGHT (ACHONDROPLASIA)		
ONE ARM SHORTER		
ONE LEG SHORTER		
RACHITIS		
EQUINOVARUS DEFORMITY		
AMPUTATED HAND UP TO WRIST		
AMPUTATED ARM UP TO		

SHOULDER		
AMPUTATED LEG		
AMPUTATED FOOT		
HAND DEFORMITY UP TO WRIST		
ARM DEFORMITY OF UP TO SHOULDER		
FOOT DEFORMITY		
LEG DEFORMITY		
MISSING HAND FINGERS		
MISSING FOOT FINGERS		
DEFORMATION OF HAND FINGERS		
DEFORMATION OF FOOT FINGERS		
WEBBED FINGERS		
WEBBED TOES		
CONGENITAL HIP ANOMALY		
UNDEVELOPED WRIST		
WALKING DIFFICULTIES (needs assistance, crutches, slight hobble)		
PARALYSIS - PARAPLEGIA		
OSTEOGENESIS IMPERFECTA (bone fragility)		
ARTROGRIPOSIS (persistent flexure/joint contraction)		
MULTIPLE ORTHOPEDIC PROBLEMS		
NECESSARY ORTHOPEDIC SURGERY (broken bones in the past)		
NEED FOR WHEEL-CHAIR		
NEED FOR CORSET		

CHILD'S OTHER CORRECTABLE CONDITIONS	CHECK IF YOU ACCEPT	COMMENTS FAMILIES SHOULD CONSIDER ALL YES
ASTHMA		
ALLERGIES		
BRONCHITIS		
PULMONITIS		

DIGESTION PROBLEMS		
POOR NOURISHMENT		

CHILD'S EMOTIONAL AND SOCIAL DEVELOPMENT	CHECK IF YOU ACCEPT	COMMENTS
DATA FOR PHYSICAL ABUSE		
DATA FOR SEXUAL ABUSE		
HYPERACTIVITY		
CONCENTRATION DEFICIT		
HYPERKINETIC BEHAVIOR		
EMOTIONAL AND PSYCHO-SOCIAL DEVELOPMENTAL DELAYS		
DIFFICULTIES AT SCHOOL		
BEHAVIOR PROBLEMS		
AUTISM autistic spectrum/mild/moderate/severe		

CHILD'S INTERNAL CONDITIONS	CHECK IF YOU ACCEPT	COMMENTS
HORMONAL DISORDERS		
STATUS AFTER SURGICAL REMOVAL OF ADNEXA		
RETENTION OF TESTES		
DUAL GENITALIA		
HERMAPHRODISM		
VAGINAL ATRESIA		
OTHER GENITAL MALFORMATION		
DISEASE OF GASTRO-INTESTINAL TRACT		
INFECTION/DESEASE OF TH URINARY TRACT		
KIDNEY MALFORMATION		
KIDNEY MALFUNCTION		

KIDNEY ANOMALY		
MISSING KIDNEY		
KIDNEY DISLOCATION		
BENIGN TUMORS (mild/post-surgery/no therapy needed/therapy needed)		
GASTRO-REFLUX CONDITION		
PAST INTERNAL SURGERY		
HYPOTHYROIDISM		
HYPERTHYROIDISM		

CHILD'S CENTRAL NERVOUS SYSTEM, CRANIUM, GENETIC	CHECK IF YOU ACCEPT	COMMENTS
HISTORY OF SEIZURES		
PAST EPILEPTIC SEIZURES		
EPILEPTIC SEIZURES /controlled/		
MICROCEPHALY (mild/moderate/severe/no need of treatment)		
HYDROCEPHALY (mild/moderate/severe/no need of treatment)		
MYELOMENINGOCELE (mild/moderate/severe/no need of treatment)		
ALBINISM		
SCOLIOSIS (mild/moderate/severe/no need of treatment)		
CURVED VERTEBRAL		
SPINA BIFIDA (mild/moderate/severe/no need of treatment)		
CEREBRAL PARALYSIS mild/moderate/severe		
NEUROFIBROMATOSIS		
DOWN SYNDROME		

CHILD'S BLOOD	CHECK IF	COMMENTS
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CONDITIONS	YOU ACCEPT	
MEDITERRANEAN ANEMIA		
ANEMIA		
TALASEMIA carrier/mild/without therapy needed/with therapy		
HIV POSITIVE		
HIV EXPOSURE AT BIRTH		
PROTEIN-CALORIE INSUFFICIENCY		
DIABETIS		
OTHER BLOOD DISEASES		

OTHER CHILD'S MEDICAL, PHYSICAL, SOCIAL AND EMOTIONAL NEEDS YOU ARE CONSIDERING ACCEPTING

1. Name: _____ Signature: _____

2. Name: _____ Signature: _____

DATE: _____