

# La Familia, Inc. Adoption Services

## Physician's Statement

You are being asked to provide medical information regarding your patient's ability to provide appropriate care for a child. It is very important that La Familia and any other placing agency be aware of any disabilities, illnesses, or diseases that may be challenging for a parent. La Familia does not discriminate against people with disabilities. It is only necessary for you to provide information about a disability that would negatively impact your patient's ability to care for a child. It is vital for the agency to have all available information about a prospective adoptive family in order to provide needed services and referrals. Please complete the following information and return it to La Familia, Inc. Attn: Adoption Department, 707 Broadway NE Suite 103, Albuquerque, NM 87102 as soon as possible. Thank you for your prompt attention to this matter.

Physician's Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_

Disabilities (only those conditions described above):

\_\_\_\_\_

Chronic Illnesses:

\_\_\_\_\_

Contagious Diseases:

\_\_\_\_\_

Other:

\_\_\_\_\_

Signed: \_\_\_\_\_  
Physician

Date: \_\_\_\_\_

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