

# North Texas International Adoption Clinic

## Personal Data Sheet For Record Review

Date: \_\_\_\_\_  
Your name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Prospective adoptive child's name: \_\_\_\_\_

Country of origin \_\_\_\_\_

Approximate Date of birth/age: \_\_\_\_\_

Phone number to call at the below time: (include area code) \_\_\_\_\_

What is the best day and approximate time to call – select 3 possible times (Central Standard Time):

Mon. 6 PM            7 PM            8 PM            9 PM

Tues. 6 PM            7 PM            8 PM            9 PM

Thurs. 10 AM – 2 PM            6 PM – 9 PM

Items enclosed for review:

- \_\_\_\_ Medical Records (in English)
- \_\_\_\_ Pictures (include approximate date and age)
- \_\_\_\_ Videos (include approximate dates and age)
- \_\_\_\_ Other

A brief description of what I know about the child is:

Specific questions that I have are: