

Pediatric Sleep, Adoption and Development

11 Mareblu, Ste. 200, Aliso Viejo, CA 92656

Phone: (949)446-8990 Fax: (949) 446-8535

www.oceansleepmedicine.com

STRAMSKI INTERNATIONAL ADOPTION PROGRAM

Pre-Adoption Consultation Questionnaire

Thank you for choosing the Stramski International Adoption Program to assist you at this important time in your life. With your permission, we would like to gather some information about you, your family, and the process that has led you to adopt internationally. This will help us to individualize your planned consultation with us. If you find any of the following questions too personal, please feel free to select the “choose not to reply” (CNTR) option. Simply type your answers in the gray areas and/or click on the appropriate box to make a check-mark or selection.

Thank you again for taking the time to complete this questionnaire. We hope you will find the consultation informative and helpful.

FEES FOR PRE-ADOPTION CONSULTATIONS

Pre-adoption consults are not reimbursable by insurance.

My fee (Monday – Fridays) is \$150 per half hour or part thereof. This includes review of medical information and the subsequent discussion.

Each referral is different, some more complex than others. Some reviews and discussions may take 30 minutes and others 90 minutes or more.

We accept most credit cards and can take payment by phone at the end of the consultation.

Please note that I am able to do consultations by arrangement on weekends, but the fee is \$175 per half hour or part thereof.

By returning this completed questionnaire, you are indicating that you understand and accept the aforementioned fees.

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GENERAL INFORMATION

Today's Date: _____

Name of prospective parent #1: _____ Date of Birth: _____

Name of prospective parent #2: _____ Date of Birth: _____

Who is completing this form? (check) ☐ Parent #1 ☐ Parent #2 ☐ Both

Telephone numbers:

Home: _____

Work 1: _____

Work 2: _____

Other: _____

E-mail address: _____

Home address:

Street: _____ City: _____ State: _____ Zip: _____

1. If married/partnered, how long have you been together? _____ years ☐ CNTR

2. How did you hear about our Adoption Program? *(please check all that apply)*

☐ Agency/ attorney

☐ Adoption support group

☐ Friend/relative who adopted

☐ Internet

☐ Newspaper

☐ Television

☐ Doctor's office

☐ Yellow pages

☐ Other _____

(please explain)

3. What is the highest level of education that has been completed?

Parent #1: _____

Parent #2: _____

4. Does either parent have training/expertise/employment in the following fields?

Parent #1: _____

Parent #2: _____

5. How many hours per week does each parent currently work outside the home?

(Parent #1: _____)

Parent #2: _____

6. How long will you be able to stay home after you return from adopting?

Parent #1: _____

Parent #2: _____

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- 7 a. If the child(ren) will need care by someone other than a parent while you are working, what are your plans for this?
(please check all that apply)

- ☐ Close friend or relative at my house
☐ Close friend or relative at their house
☐ Other caregiver at my house
☐ Other caregiver at their house
☐ Day care center
☐ Don't know yet
☐ Other _____
(please explain)

☐ CNTR

- b. How many hours per week do you anticipate the child will be in this care? _____ hours.

- 8 a. Do you have other children?

☐ YES ☐ NO ☐ CNTR

b.

Child	Gender	Date of Birth	Biological or Adopted	Country of Origin	Date of Adoption
#1	<input type="checkbox"/> Boy <input type="checkbox"/> Girl				
#2	<input type="checkbox"/> Boy <input type="checkbox"/> Girl				
#3	<input type="checkbox"/> Boy <input type="checkbox"/> Girl				
#4	<input type="checkbox"/> Boy <input type="checkbox"/> Girl				

- c. Are all of these children still living?

☐ YES ☐ NO ☐ CNTR

- d. Do any of these children have special needs?

☐ YES ☐ NO ☐ CNTR

9. How did you come to adopt internationally? (please select all that apply)

- ☐ Wanted to have children and are not able to biologically
☐ Biological birth poses too many risks at this point
☐ Have adopted internationally before and have had a good experience
☐ Know someone who has adopted internationally and had a good experience
☐ Wanted an infant; international adoption has infants available
☐ International adoption process takes less time than domestic adoption
☐ Have other children and thought it was the right thing to do at this point in our lives
☐ I am single and want to be a parent to a child that needs one
☐ Wanted a healthy child; international adoption has healthy children available
☐ Other _____
(please state reason)

☐ CNTR

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10 a. Single prospective parents please answer:

1. Did you consider artificial insemination?

☐ YES

☐ NO

☐ CNTR

2. If yes, what brought you to adopt internationally?

10b. Married/partnered prospective parents please answer:

1. Did you undergo fertility treatment prior to deciding to adopt?

☐ YES

☐ NO

☐ CNTR

2. If yes, how long was this treatment? _____.

3. If yes and you have other children, was fertility intervention used to facilitate previous conception?

☐ YES

☐ NO

☐ CNTR

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INFORMATION SPECIFIC TO THIS ADOPTION

1. Name of adoption agency or attorney: _____.

2. How did you hear of this agency or attorney? *(please select all that apply)*

☐ Newspaper advertisement

☐ Telephone book

☐ Local seminar

☐ Mailing

☐ Friend or family member

☐ My physician

☐ Internet

☐ Media story

☐ Radio advertisement

☐ Other _____.

(please explain)

☐ CNTR

3. Please rate the following criteria that you used to select this agency or attorney, *on a scale of 1 to 5 with "1" being the most important*:

_____ They are locally operated

_____ My physician recommended them

_____ They have informed us that they have a high percentage of healthy children available

_____ They deal primarily with the country in which I/we are interested

_____ A friend or family member has used them for an adoption

_____ Know someone affiliated with the agency

_____ Attended one of their seminars

_____ Other _____.

(please explain)

4. How many other agencies/attorneys did you review? _____.

5. Did you investigate domestic adoption?

☐ YES

☐ NO

☐ CNTR

6. Have you ever been a foster parent?

☐ YES

☐ NO

☐ CNTR

7. How long have you been in the process of adopting (choosing a country, choosing an agency, filling out paperwork, etc.)? _____.

8. What is the total number of hours that you have spent with your adoption social worker? _____ hours.

9. Have you ever attended an adoption support group meeting?

☐ YES

☐ NO

☐ CNTR

If yes...

a. Which group(s)? _____.

b. How many meetings have you attended? _____ meetings.

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10. How did you choose this country? *(please select all that apply)*

☐ The agency selected works primarily with this country

☐ Parental ancestry in this country

☐ Wanted a child who looked like parent(s)

☐ Wanted a quick process

☐ Parental age restricted choice of countries

☐ Marital status restricted choice of countries

☐ Always interested in this country

☐ Other _____
(please explain)

☐ CNTR

11. Did you make any requests to your agency or attorney regarding the health, gender, and/or age of a prospective adoptee?

☐ YES

☐ NO

☐ CNTR

If yes...

☐ Health Why? _____

☐ Gender Why? _____

☐ Age Why? _____

12. How many children have you been approved to adopt? _____.

13. Prospective adoptee information:

Name	Date of Birth	Country of Origin	Gender	Assessed by an International Adoption Clinic?
			<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
			<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
			<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
			<input type="checkbox"/> Boy <input type="checkbox"/> Girl	

14. Have you chosen a primary care physician for this (these) child(ren)?

☐ YES

☐ NO

☐ CNTR

If yes, whom have you selected? _____.

15. Has this information been reviewed by any other medical professionals or will it be?

☐ YES

☐ NO

☐ CNTR

If yes, who?

☐ Primary pediatrician

☐ Family physician

☐ Another international adoption clinic

☐ Other _____
(please state)

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16. a. How long have you had this referral? _____.
- b. How much time have you been given to make a decision about this referral? _____.
- c. Have you already made a decision (accept/not accept) about this referral?
- ☐ YES ☐ NO ☐ CNTR
17. If you choose to adopt this child (these children), when will you travel?
- First trip _____. Second trip _____. (if applicable)

PARENTAL KNOWLEDGE

1. About which of the following pertaining to internationally adopted children have you read or researched?
(please select all that apply)
- ☐ Attachment ☐ Developmental delay
☐ Malnutrition ☐ Infectious diseases
☐ Sensory deprivation ☐ Speech and language
☐ Other
☐ CNTR
2. What resources did you use to acquire this information? (please number in order from 1-6 with "1" being the most used)
- _____ Newspaper
_____ Internet
_____ Books
_____ Journal articles
_____ Other _____
(please state)
3. About which of the following concerns related to internationally adopted children would you like more information?
(please select all that apply)
- ☐ Attachment ☐ Developmental delay
☐ Malnutrition ☐ Sensory deprivation
☐ Speech and language
☐ Other

Other Additional comments:

That's it, you're done!
Don't forget to SAVE before you email it back.
Thank you.