



# China Special Needs Program Medical Conditions Checklist

**Names:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Desired age of child:** \_\_\_\_\_ to \_\_\_\_\_ mos/yr

**Gender:**  Female  Male  No Preference

Please share with us which special needs your family is open to. Remember, only mark “YES” to conditions with which you are highly educated and comfortable. “MAYBE’s” will be rarely considered.

Yes No Maybe \_\_\_\_\_

**FACIAL**

Cleft lip AND palate

**HEART**

Congenital heart disease - minor

Congenital heart disease - major

**BLOOD**

Hepatitis B

Thalassemia

**SKELETAL**

Club foot/feet

Dwarfism

Malformation of fingers/toes

Missing fingers/toes

Missing hand/foot/arm/leg

Orthopedic issues ( bone malformations )

Scoliosis

Spina bifida (occulta/meningocele/myelomeningocele)

**VISION/HEARING**

Ear - partially formed or missing

Hearing loss, partial/moderate

Hearing loss, total

Vision, cataracts

Vision, loss of sight in one eye

Vision, blind

**Please list any others:**

Yes No Maybe \_\_\_\_\_

**SKIN**

Albinism

Hemangioma/Nevus (moderate to significant/facial)

Vitiligo

Other skin pigmentation conditions

Other skin conditions: \_\_\_\_\_

**DEVELOPMENTAL**

Cerebral palsy

Down Syndrome (DS)

Hydrocephalus

Physical development delay (moderate/severe)

**GENITAL**

Androgynism/Hermaphroditism

Hypospadias (male only)

**DIGESTIVE**

Esophageal/Stomach abnormalities

Imperforated anus

Kidney conditions

Urogenital

Anal atresia

**OTHER**

Epilepsy

Paralysis (one limb / multiple limbs)

Healthy older child (over 10 yrs)

Gastroschisis

Omphaloceles

**“MINOR” CONDITIONS**

In addition to the special needs marked above, please indicate any of the following “minor” conditions your family is open to.

Yes No Maybe \_\_\_\_\_

Anemia

Hemangioma/Nevus

Extra fingers/toes

Hernia (umbilical, inguinal)

Mental development delay

Yes No Maybe \_\_\_\_\_

Physical development delay

Scar/Burns

Undescended testicles

Vision, nystagmus/strabismus

Vision, ptosis

**Please share with us your motivation to adopt a child with special needs:**

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