

EVALUATION REQUEST FORM

Please fill out this form, either typed or printed with copies of items you would like us to review. Keep this originals and a copy of this form for your records.

Below is a checklist of what can be sent:

Video(s) – Please try to copy multiple videos onto one videotape

Medical Records

Photographs

Pre-paid, self addresses mailer, if items are to be returned

\$200 donation (payable to Medical College of Wisconsin)

\$400 donation (payable to Medical College of Wisconsin) for **Guatemala** program

- includes initial evaluation and all monthly follow-up medical evaluations

**Donations can now be taken via credit card over the phone with International Adoption Clinic social worker. Please contact Liz Schaefer @ eschaefer@chw.org or by phone @ 414-266-2945.

**Preference for photos and medical information to be received by e-mail. Please use eschaefer@chw.org to send all evaluation materials.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone number : _____

Contact number: _____ Where you can be reached within one to three days of our receiving your materials to discuss report findings. Please include international area codes.

Mail this form and above materials to:

International Adoption Clinic

Child Development Center, MS 744

Children's Hospital of Wisconsin

P.O. Box 1997

Milwaukee, WI. 53201-1997

FedEx/UPS shipping/Overnight Mail:

International Adoption Clinic/Child Development Center, MS 744

Children's Hospital of Wisconsin

10301A West Watertown Plank Rd.

Wauwatosa, WI. 53226

Materials may also be hand delivered to:

International Adoption Clinic/Child Development Center

Curative Care Network – North Entrance – Take Elevator to Level 1

1000 N. 92nd Street

Wauwatosa, WI. 53226

Release for Video and Medical Records Reviews

I/We have asked the staff in the Department of Pediatrics at the Medical College of Wisconsin and the International Adoption Clinic at Children's Hospital of Wisconsin to review the medical history and videotape of the child/children whom I/we may adopt.

I/We realize that a review of a brief history and/or video only can identify obvious medical or developmental strengths or weaknesses in a child and can in no way be used to accurately predict his/her medical, developmental, behavioral or psychological outcome. I/We absolve the Medical College of Wisconsin and Children's Hospital of Wisconsin from any legal responsibility for outcomes in this child/children, which were not predicted by reviewing this history and/or video.

Name: _____ Date: _____

Name: _____ Date: _____

Witness: _____ Date: _____

Mail this form and with the above check-list and materials, or fax to:

International Adoption Clinic
Child Development Center
Children's Hospital of Wisconsin
FAX: (414) 266-2292