



Madison Adoption Associates

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www.MadisonAdoption.com

MAA Child Summary

Children's Welfare Institute - Hosting Program October 26-31, 2015

| | |
|-------------------|-----------------------------|
| Child's MAA Name: | Perry |
| Date of Birth: | July 23, 2005 |
| Special Need: | Cerebral Palsy |
| Dossier due: | 6 months after Pre-Approval |

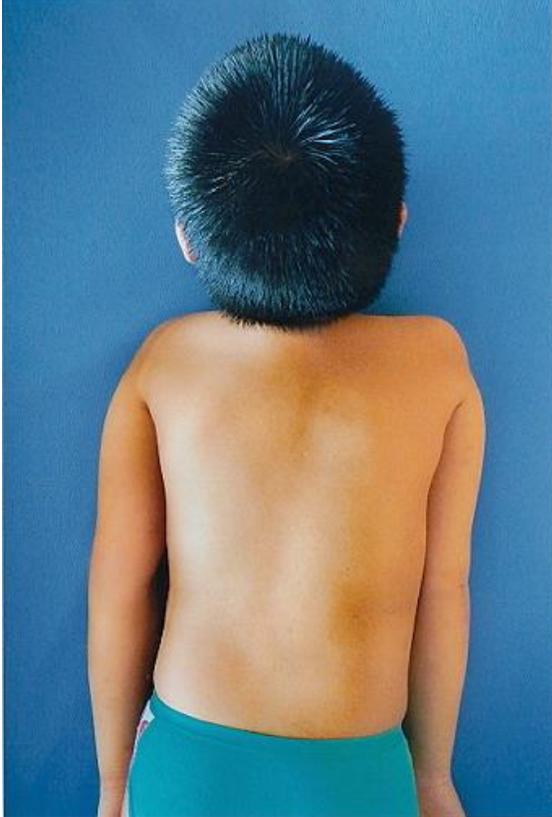
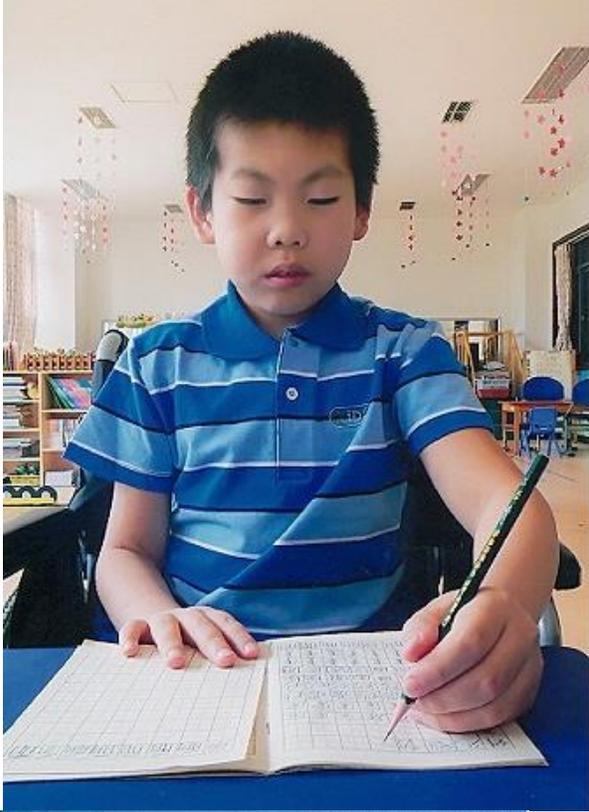
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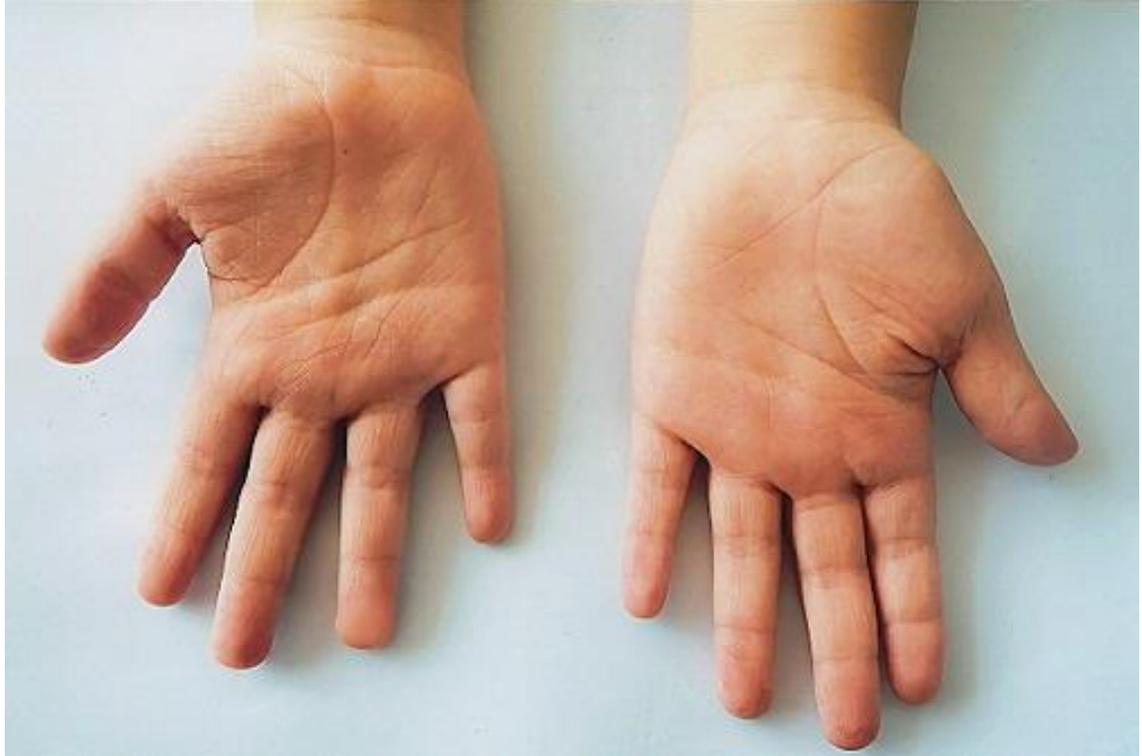
*The referral is presented by **China Center for Children's Welfare and Adoption**. The information contained herein is provided by independent third parties, including foreign government agents, orphanage staff, and/or others, according to local policy and procedure. **Madison Adoption Associates** cannot offer medical opinion or analysis as to the health or conditions described in this referral. We encourage all families who are considering the adoption of a child with special needs to consult with a medical specialist to fully understand the information in this report. **Madison Adoption Associates** does not guarantee the translated accuracy of medical information.*

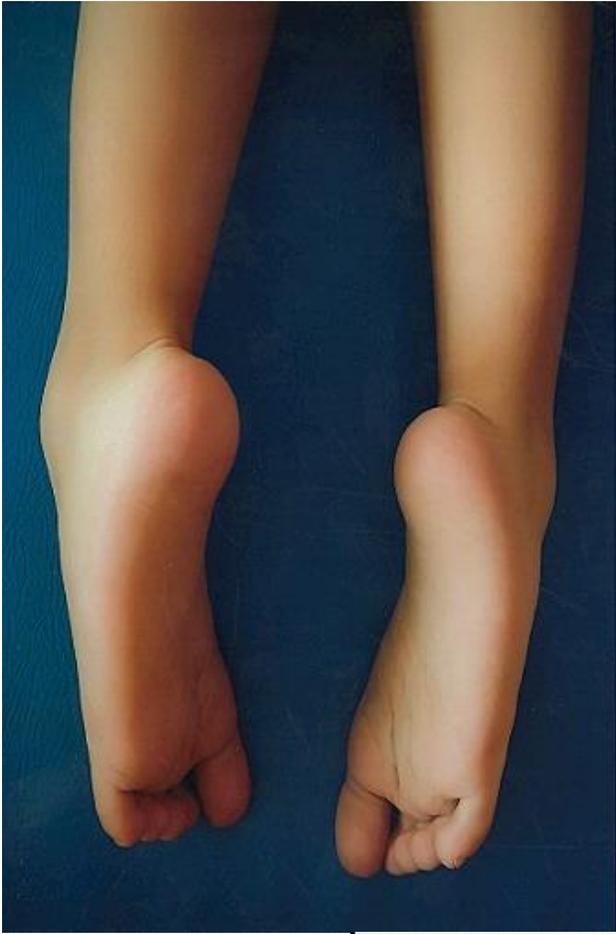
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[Waiting Child Review Form](#)

This Form must be completed before Madison Adoption Associates can discuss a specific child with an interested adoptive family.







CHILDREN MEDICAL EXAMINATION RECORD

| | | | |
|---|-------------------------------|---|--------------------|
| Name: PERRY | | Sex: Male | DOB: July 23, 2005 |
| Medical history: cerebral palsy | | | |
| General Condition | Height: 118cm | Weight: 26.8kg | |
| | Head Size: 52cm | Chest Size: 68cm | |
| Mental Development: | | | |
| Vision: no test | | Corrective Vision: / | |
| Color Sense: normal | | Trachoma: nil, (-) | Others: / |
| Hearing: no test | | Ear Disease: normal appearance | |
| Nose: normal appearance | | Sense of Smell: no test | Others: / |
| Throat: (-) | Oral Cavity: (-) | Teeth: 23 | Dental Caries: 2 |
| Lungs: clear breath sound | | Abdomen: soft and flat | |
| Liver: not palpable under rib | | Spleen: not palpable under rib | |
| Heart: no bulge in PC, no murmurs in PC | | Heart rate: 92bpm | Rhythm: regular |
| Blood Pressure: 95/60mmHg | | | |
| Nervous system: | Nervous reflex: negative | Muscular tension: low | |
| Spine: lateral curvature to right side | | Thorax: normal | |
| Limbs: Lower limbs paralysis | Motion: Lower limbs paralysis | Deformity: foot ridge flexion angle is 210° | |
| Skin: (-) | Anus: (-) | Urogenital System: (-) | |
| Hernia: nil | Fontanel: closed | Others: | |
| Chest X-ray: | | | |
| Laboratory Exam: Blood Rt., Urinalysis, HbsAg, HbsAb, HbcAb, HbeAg, HbeAb, Anti-HIV, Syphilis(RPR): HbsAg, HbsAb, HbcAb, HbeAg, HbeAb: normal; Syphilis(RPR): (-); Anti-HIV: (-); Blood Rt: WBC: 7.23, HGB: 135, PCT: 299 | | | |
| Laboratory Report | | | |
| HBsAg: Negative | HBsAb: Positive | HBeAg: Negative | |
| HBeAb: Negative | HbcAb: Negative | | |
| RPR: Negative | | HIV: Negative | |
| Diagnosis and treatment advice: 1. dental caries, notice oral health treat dental caries 2. low muscular tension, lower limbs paralysis, advice to go on treatment 3. scoliosis, abnormal foot ridge flexion angle, advice to go for treatment 4. CT shows scoliosis, Right anterior ethmoid sinus and maxillary sinus with poor gas, inflammation. Advice to go for treatment in orthopaedics Signed by: XXX Sealed by: Children's Hospital Affiliated to Capital Pediatrics Institute April 22, 2014 | | | |

**Test Report (Blood)
Children's Hospital**

Name: PERRY Sex: Male

| Item | Result | Reference |
|-------|--------|-------------------------------|
| WBC | 7.03 | 4.0-10.0 10 ⁹ /L |
| RBC | 4.78 | 3.50-5.50 10 ¹² /L |
| HGB | 135 | 110-160 g/l |
| HCT | 40.0 | 35-55 % |
| MCV | 83.7 | 80.0-100 fl |
| MCH | 28.2 | 27.4-34.0 pg |
| MCHC | 338 | 320-360 g/l |
| RDW | 13.6 | 0-15% |
| PLT | 299 | 100-300 10 ⁹ /L |
| MPV | 10.7 | 6.8-11.5 fl |
| PDW | 13.5L | 15.5-18.1 % |
| PCT | 0.32 | 0.19-0.36 |
| NEUT# | 3.39 | 1.9-8 |
| LYM# | 2.78 | 0.9-5.2 |
| MON# | 0.52 | 0.16-1 |
| EOS# | 0.32 | 0.05-0.5 |
| BASO# | 0.02 | 0-0.2 |
| NEUT% | 48.2L | 50-70 |
| LYM% | 39.5 | 20-40 |
| MON% | 7.4 | 3-10 |
| EOS% | 4.6 | 0.5-5 |
| BASO% | 0.3 | 0-1 |

Date: April 16, 2014

**Test Report
Children's Hospital**

Name: PERRY Sex: Male

| Item | Results | Hint | Reference |
|---------|----------|----------|----------------|
| HBsAg | 0.030 | negative | Positive>=0.05 |
| HBsAb | 199.000 | positive | Positive>=10 |
| HBeAg | 0.311 | negative | Positive>=1 |
| HBeAb | 1.920 | negative | Positive<=1 |
| HBcAb | 0.150 | negative | Positive>=1 |
| RPR | negative | | negative |
| RPR1:2 | negative | | negative |
| RPR1:4 | negative | | negative |
| RPR1:8 | negative | | negative |
| RPR1:16 | negative | | negative |
| HIV | 0.45 | negative | Positive>=1 |

Date: April 16, 2014

**CT Report
Children's Hospital**

Name: PERRY Sex: Male

Checked part: skull plain scan

Findings:

No certain abnormal density lesion in brain parenchyma, the sulus is obvious in bilateral frontal lobes; the rest cistern and cavum subarachnoidale are not wide, the fourth ventricle is obvious, the type of rest ventricular system, the midline structure does not have obvious shift, no abnormal findings in basal ganglia region and parencephalon.

Impression: the sulus is obvious in bilateral frontal lobes, the fourth ventricle is obvious, please combine with clinics; no other obvious abnormal findings in the skull CT plain scan.

Physician: XXX

Date: April 16, 2014

**Affiliated Children's Hospital of Capital Medical University
Image Examination Report**

Name: PERRY Sex: male Age: 8y Dept: Health care center

Checked part: whole spinal bone

Findings:

Left scoliosis as T8 center, right scoliosis as L5 center, thoracic vertebrae osteoporosis with poor curvature, vertebral plate crack below S1 the other vertebral body and adnexa bone structure normal, no malformation, no spinal stenosis or abnormal density lesion, spinal density uneven, conus medullaris ending at L1, bilateral 12 root ribs without abnormal fusion, right anterior ethmoid sinus and maxillary sinus with poor gas

Impression:

Scoliosis

Undefined abnormal density and lesion in spinal canal, to check MR if necessary

Right anterior ethmoid sinus and maxillary sinus with poor gas, inflammation?

Physician: XXX

2014-04-16

Record of Vaccination in City

Name: PERRY Sex: male DOB: July 23, 2005

Date of issue:

Institution: Children's Welfare Institute of City

| | |
|------------|--|
| BCG | Vaccinated |
| HBV | 2007-4-4, 2007-5-9, 2007-10-10 |
| OPV | 2006-7-27, 2006-8-11, 2006-10-11, 2009-10-11 |
| DPT | 2006-7-27, 2006-9-11, 2006-10-11, 2007-5-26 |
| DT | 2011-9-19 |
| MV | 2006-7-11 |
| MMR | 2007-6-27, 2011-8-8 |
| AEMV | 2006-11-11, 2007-3-21 |
| A+CEMV | 2008-7-23 |
| JEV | 2006-12-11, 2007-12-26 |
| HA | 2013-12-26 |
| Chickenpox | 2013-11-26, 2014-2-26 |

Growth Report for PERRY

PERRY, male, DOB: July 23, 2005, was picked up in the bench that wait to see the doctor in 7th floor, in New outpatient building of Children's Hospital on July 7, 2006. On that day he was wearing yellow lattice clothe and yellow trousers. A lot of search for his relatives by the public security department failed to find them. From July 7, 2006 to July 25, 2006 he had been raised in police station of Branch of City public security bureau, and on July 25, 2006 he was sent to this institute to be adopted by the police station. Since then he has been living in this institute to this day. His name origin: "" is because all of the boys entering the institute in 2006 have the surname "". "" means the hope for that he can be safe, peace and successful. His DOB was decided according to his physical state and the complete PE done by doctors for him on admission.

Physical exam results of the child at present: cerebral palsy. Now he has been in the institute for more than 7 years and 10 months with the age of 8 years and 10 months. From August 2006 to November 2013, the child lived in the foster family. Every day the therapist will go on function training for right arm and both legs, now he can use right hand to hold light objects, such as: books and etc, he can also use spoon to eat, hold pens, he can raise up right arm to shoulder, his left hand and left arm function is normal. The child is extroverted, like receiving new knowledge, now the child is receiving relative courses of special education. Under the help of teachers, the child can do addition and subtraction within 20, the child also knows many Chinese characters, he can understand simple short story, he likes reading fairy tales books such as: san zhi xiao zhu, hai de nv er and etc; when he reads story, he cannot help laughing aloud. By rehabilitation he can use left hand to hold pen, he can write simple numbers, his name and simple Chinese characters and etc;

in class he can use mouse deftly, can go on simple computer operation; the child likes playing magic square and jigsaws and etc, the child's happiest thing is going on outdoor activity with other children, the child can tell fable such as tie chu cheng zhen, gui tu sai pao and etc, all children likes to surround him to listen to him to tell every story. The child's disease will have come certain influence for his everyday life, he cannot walk, when going out the child needs the help of wheelchair. But he can finish eating putting on clothes, folding quilt and etc every activity without help, he can also help teachers do something he can do, so he usually is praised by teachers.

The child has regular life, get up on 6:30, go to bed at 21:00, nap for 2 hours, 3 meals per day, he can eat all kinds of food, moderate food volume, he likes eating hamburger and potato chips. He can go to bed alone, deep sleep, with without other bad sleeping habits. He has been vaccinated all of the vaccines according to normal immunization program.

Director: XXX

Sealed by: Children's Welfare Institute of City

June 10, 2014

Registration of Information for Older Children (Aged over 7 years)

Name: PERRY Sex: male DOB: July 23, 2005

Physical state: cerebral palsy

Welfare Institute: Children's Welfare Institute of City

Descriptions of admission

The child was picked up in the bench that wait to see the doctor in 7th floor, in New outpatient building of Children's Hospital on July 7, 2006. On that day he was wearing yellow lattice clothe and yellow trousers. A lot of search for his relatives by the public security department failed to find them. From July 7, 2006 to July 25, 2006 he had been raised in police station of Branch of City public security bureau, and on July 25, 2006 he was sent to this institute to be adopted by the police station. Since then he has been living in this institute to this day.

General descriptions after admission

The child is extroverted, like receiving new knowledge, now the child is receiving relative courses of special education. Under the help of teachers, the child can do addition and subtraction within 20, the child also knows many Chinese characters, he can understand simple short story, he likes reading fairy tales books such as: san zhi xiao zhu, hai de nv er and etc; when he reads story, he cannot help laughing aloud. By rehabilitation he can use left hand to hold pen, he can write simple numbers, his name and simple Chinese characters and etc; in class he can use mouse deftly, can go on simple computer operation; the child likes playing magic square and jigsaws and etc, the child's happiest thing is going on outdoor activity with other children, the child can tell fable such as tie chu cheng zhen, gui tu sai pao and etc, all children likes to surround him to

listen to him to tell every story.

Physical development

Physical exam results of the child at present: cerebral palsy. The child's disease will have come certain influence for his everyday life, he cannot walk, when going out the child needs the help of wheelchair. But he can finish eating putting on clothes, folding quilt and etc every activity without help, 3 meals per day, he can eat all kinds of food, moderate food volume, he likes eating hamburger and potato chips. Since admission, the child has been living in this institute and foster family, never got accident hurt.

Knowledge (feeling) and thought to the Welfare Institute

Since admission, the child is living in this institute, from August 2006 to November 2013, the child lived in the foster family, he got the patient care from every member, he also likes the foster family. After getting back to the welfare institute, he quickly adapted to the group life in the welfare institute. He also helps teacher do something, and teachers and aunts like this helper.

Attitude to be adopted by foreigners

Although we have deep feelings to this welfare institute and foster family, he also hopes he can have his own family, he can have his own father and mother. After he knew that he will be adopted, he will go to new environment, there are strangers around him, and he cannot understand the language and etc, so he has some certain though preparations. The institute found relative courses, to prepare him to adapt to family quickly.

Opinion for the child's adoption of the Welfare Institute:

Agree for adoption

Children's Welfare Institute of City (seal)

June 10, 2014

Opinion of the Provincial Bureau