



## Comprehensive Health Assessment (Age 0 to 17)

Delaware Pediatrics believes environmental & family concerns can affect our patients' lives. Thank you for entrusting us with the care of your child/children. To help us better understand the needs of your family, please answer the following questions:

1. Does anyone smoke at home? Yes \_\_\_\_ or No \_\_\_\_
2. Do you have a support network of family and friends? Yes \_\_\_\_ or No \_\_\_\_
3. Does your family have difficulty with access to:  
Food? Yes or No      Housing? Yes or No      Transportation? Yes or No
4. Does anyone in the family have mental health issues or abuse alcohol or drugs?  
Yes \_\_\_\_ or No \_\_\_\_
5. Are there any special communication needs due to a hearing, vision or learning issue?  
Yes \_\_\_\_ or No \_\_\_\_
6. Are there any special communication needs due to a language barrier that requires assistance?  
Yes \_\_\_\_ or No \_\_\_\_

If you answered Yes to any of the above questions (or No to Question 2), please take a moment to explain below:

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Completed by: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_