



## Comprehensive Health Assessment (Age 18 to 21)

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

1. Do you live with anyone who smokes? Yes \_\_\_\_ or No \_\_\_\_
2. Do you have a support network of family and friends? Yes \_\_\_\_ or No \_\_\_\_
3. Do you have difficulty with access to:  
Food? Y or N                      Housing? Y or N                      Transportation? Y or N
4. Does anyone in the family have mental health issues or abuse alcohol or drugs?  
Yes \_\_\_\_ or No \_\_\_\_
5. Do you have trouble communicating due to a hearing, vision or learning issue?  
Yes \_\_\_\_ or No \_\_\_\_
6. Do you have trouble communicating due to a language barrier and require special 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: \_\_\_\_\_