



## 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   
If no, please take a moment to explain: \_\_\_\_\_  
\_\_\_\_\_

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  If yes, please check all that apply and take a moment to explain.

**Family Member: (Relationship to Patient)**

- Mom: \_\_\_\_\_
- Dad: \_\_\_\_\_
- Brother: \_\_\_\_\_
- Sister: \_\_\_\_\_
- Other: \_\_\_\_\_

5. Are there any special communication needs due to a hearing, vision or learning issue?  
Yes  or No  If yes, please take a moment to explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are there any special communication needs due to a language barrier that requires assistance?  
Yes  or No  If yes, please take a moment to explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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