



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

If no, please take a moment to explain: _____

3. Do you 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. Do you have trouble communicating due to a hearing, vision or learning issue?

Yes or No If yes, please take a moment to explain: _____

6. Do you have trouble communicating due to a language barrier and require special assistance?

Yes or No If yes, please take a moment to explain: _____

Completed by: _____ Relationship to Patient: _____