



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: _____