

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 No

2. Do you have a support network of family and friends? Yes No
If No, please take a moment to explain: _____

3. Please check if your family has difficulty with access to:
 - a. Food? Yes No
 - b. Housing? Yes No
 - c. Transportation? Yes No
 - d. Would you like help with any of these areas checked Yes? Yes No

4. Does anyone in your family have a history of substance misuse?
 - a. If so, which family member? _____
 - b. What substance (s)? _____

5. Does anyone in your family have a known mental health diagnosis?
 - a. If so, which family member? _____
 - b. Diagnosis (if known) _____

6. Are there any special communication needs due to a hearing, vision or learning issue?
 - a. Yes No
 - b. If Yes, please take a moment to explain: _____

7. Are there any special communication needs due to a language barrier that requires assistance?
 - a. a. Yes or No
 - b. If Yes, please take a moment to explain: _____

8. Is there anything else you would like us to know? _____

Completed by: _____ Relationship to Patient: _____