



Name: _____ DOB _____

Date: _____

Social History:

1. Is there domestic violence in the home?
Yes _____ No _____
2. Are drugs being used in the home?
Yes _____ No _____
3. Is there alcohol use in the home?
Yes _____ No _____
4. Are there any smokers in the home?
Yes _____ No _____
If so, do they smoke inside or outside?
5. Any siblings in the home? Yes or no
Brothers _____ Sisters _____
6. What type of home does the child live in?
House _____ Apartment _____
Mobile home _____
other _____
7. Who does the child live with?
Parents _____ Mom only _____ Dad only _____
Grandparents _____ Aunt _____ Uncle _____
or other _____
8. Parent's marital status?
Married _____ Not married _____ Divorced _____
9. Is there a pool at the home?
Yes _____ No _____
Above ground or in ground
if so, is the pool fenced in?
11. What school does the child go to?

12. Are there any pets in the home?
Yes _____ No _____ If so, what kind of pets?

13. Is the child on any new medications?
Yes _____ No _____
If so, please list the names of the new medications

14. Any new surgeries?

Yes _____ No _____

If so, what kind? _____

Family Medical History

Circle all that apply

Mother: asthma, cancer, high cholesterol, diabetes, high blood pressure, heart disease, migraines, stroke, anxiety disorder, depression, ADHD, genetic conditions, _____

Father: asthma, cancer, high cholesterol, diabetes, high blood pressure, heart disease, migraines, stroke, anxiety disorder, depression, ADHD, genetic conditions, _____

Maternal Mother: asthma, cancer, high cholesterol, diabetes, high blood pressure, heart disease, migraines, stroke, anxiety disorder, depression, ADHD, genetic conditions, _____

Maternal Father: asthma, cancer, high cholesterol, diabetes, high blood pressure, heart disease, migraines, stroke, anxiety disorder, depression, ADHD, genetic conditions, _____

Paternal Mother: asthma, cancer, high cholesterol, diabetes, high blood pressure, heart disease, migraines, stroke, anxiety disorder, depression, ADHD, genetic conditions, _____

Paternal Father: asthma, cancer, high cholesterol, diabetes, high blood pressure, heart disease, migraines, stroke, anxiety disorder, depression, ADHD, genetic conditions, _____

Patient's Brother: asthma, cancer, high cholesterol, diabetes, high blood pressure, heart disease, migraines, stroke, anxiety disorder, depression, ADHD, genetic conditions, _____

Patient's Sister: asthma, cancer, high cholesterol, diabetes, high blood pressure, heart disease, migraines, stroke, anxiety disorder, depression, ADHD, genetic conditions, _____