

Pediatric Social History

PLEASE PRINT

Historian:

- Aunt Brother Cousin Father Friend Grandfather Grandmother
 Guardian Mother Nanny Neighbor Parent Self Sister
 Stepbrother Stepfather Stepmother Stepsister Uncle

Patient's Hand Dominance: Right Left

Resides with:

- Lives alone
 Mother Grandmother Aunt Stepmother Foster mother
 Father Grandfather Uncle Stepfather Foster father
 Adoptive mother
 Adoptive father

Tobacco Exposure: Smokers at home Yes No

Language Spoken at Home: _____

Child care:

Provider	#Days/week
<input type="checkbox"/> Mother	_____
<input type="checkbox"/> Father	_____
<input type="checkbox"/> Grandparent	_____
<input type="checkbox"/> Sibling	_____
<input type="checkbox"/> Nanny	_____
<input type="checkbox"/> Daycare	_____
<input type="checkbox"/> Sitter	_____

Daycare Facility Name: _____

Education:

School Name: _____

Grade: _____

Activity:

- Exercise/sports _____ hours per day
 TV/computer games _____ hours per day

Does patient have?

- Turners" Syndrome Down's syndrome

Recent Travel:

- Out of state
 Out of country
 Travel exposure