



Scan this code for age specific health information

Date: _____

★ Your Child's Social History:

Family Members Living in Home	Relationship to child	Birthdate	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

★ Do you have any concerns about your baby's:

No | Yes eating? No | Yes sleeping? No | Yes vision? No | Yes hearing?

★ Do you have any concerns about:

No | Yes having enough support in caring for baby? No | Yes conflict or violence that your baby is exposed to?

★ Do you:

Yes | No always use a car seat (5-point harness, rear-facing, in the backseat)? Yes | No If you own a gun, is it locked, with bullets stored separately? No gun in home

Yes | No have working smoke alarms and carbon monoxide detectors in your home? Yes | No have internet access to view health information from our website?

★ Social Determinants of Health

Within the past 12 months, you worried that your food would run out before you got money to buy more. Often true Sometimes true Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. Often true Sometimes true Never true

In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living? (check all that apply)

- Yes, it has kept me from medical appointments or getting medication
- Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
- No

Would you like information regarding these concerns? (check all that apply)

- Yes, have someone contact me
- Yes, I would like written information
- No

★ Please write down any questions or concerns that you would like to talk about today:

Name: _____

Birthdate: _____

_____ Provider initials