



Social History

Date: _____

Child's name: First _____ Last _____

Your name: First _____ Last _____

What is your relationship with the child? Mother Father Other _____

Who lives at home with the child? If there are multiple homes, please indicate whose home (i.e. Mom's house, Dad's house, etc)

Name	Relationship	Date of birth

Are the child's parents: Married Unmarried, living together Separated Divorced
 Other(specify) _____

Which languages are spoken regularly in the home? English Spanish Other (specify) _____

Does anyone besides parents provide care for your child? (i.e. relatives, nanny, friend) Yes No

If yes, who: _____

Does your child go to daycare? Yes No If yes, hours per week: _____

Does your child go to school? Yes No If yes, name of school: _____ grade: _____

Do you live in an older home with peeling paint or are you remodeling currently? Yes No

Are there guns in the home? Yes No If yes, are they locked? Yes No

Are there pets in the home? Yes No If yes, what kinds? _____

Is there any tobacco exposure? Yes No

How much screen time does your child have each day? (TV/video/computer/smart phone) _____

Is there any history of family violence or abuse? Yes No

Is your child adopted? Yes No

Is your child in the foster system? Yes No Was he/she in the foster system in the past? Yes No

Do you have any communication needs: vision, hearing, or learning difficulties