

FAMILY / SOCIAL INFORMATION

At home:

Who lives in the same house or apartment with your child? Please list their ages and relationship to your child. Include adults and other children.

Name	Age	Relationship to child

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Who has legal custody of your child?

Name: _____ Relationship to child: _____

Who is the main person that takes care of your child during the day?

Name: _____ Relationship to child: _____

Who is the main person that takes care of your child during the evening?

Name: _____ Relationship to child: _____

Primary language spoken in home: _____

Which recent changes or stressors in your family's home, school, job, etc., might affect your child's medical care or be helpful for medical staff to know about?

- | | |
|---|---|
| <input type="checkbox"/> Change in financial situation
<input type="checkbox"/> Change in work responsibilities
<input type="checkbox"/> Child starting at a new school or program
<input type="checkbox"/> Death of family member
<input type="checkbox"/> Divorce / separation / marital problems
<input type="checkbox"/> Move to a new residence
<input type="checkbox"/> Other (please describe) _____ | <input type="checkbox"/> New family members (e. g. new baby or foster child, new spouse)
<input type="checkbox"/> Parent beginning or leaving a job
<input type="checkbox"/> Pregnancy or causing a pregnancy
<input type="checkbox"/> Trouble at school |
|---|---|

What is the best way to get in touch with you?

Home phone: _____ Relative's phone: _____ E-mail: _____
 Work phone: _____ Beeper: _____ Other: _____
 Neighbor's phone: _____ Cell phone: _____

At School:

School your child attends: _____ Grade level (e.g. first, eighth): _____

What special programs provided by the school is your child using?

- | | | |
|--|--|---|
| <input type="checkbox"/> Resource teacher
<input type="checkbox"/> Resource classroom
<input type="checkbox"/> Speech therapy
<input type="checkbox"/> Reading specialist | <input type="checkbox"/> Physical therapy
<input type="checkbox"/> Occupational therapy
<input type="checkbox"/> Homebound teacher | <input type="checkbox"/> Other (please describe): _____

_____ |
|--|--|---|

In the Community:

Please check any of the following social services your family is receiving:

- | | |
|---|--|
| <input type="checkbox"/> WIC
<input type="checkbox"/> HUG nurses
<input type="checkbox"/> Home Health
<input type="checkbox"/> Social Worker | <input type="checkbox"/> Home-based early intervention services
<input type="checkbox"/> RIP (Regional Intervention Program)
<input type="checkbox"/> CSS (Children's Special Services)
<input type="checkbox"/> Other (please describe): _____ |
|---|--|

How do you usually get to the medical care facilities you use?

- | | | |
|--|--|---|
| <input type="checkbox"/> Family car
<input type="checkbox"/> Rely on friend or neighbor | <input type="checkbox"/> Rely on relative
<input type="checkbox"/> Bus / public transportation
<input type="checkbox"/> Taxi | <input type="checkbox"/> TennCare transportation
<input type="checkbox"/> No reliable transportation |
|--|--|---|

How do you most like to learn about health care information?

- | | |
|--|--|
| <input type="checkbox"/> Videos
<input type="checkbox"/> Books
<input type="checkbox"/> Pamphlets
<input type="checkbox"/> Internet | <input type="checkbox"/> Talking to your child's doctor or therapist
<input type="checkbox"/> Talking to other parents
<input type="checkbox"/> Other (please describe): _____ |
|--|--|