

Chapel Hill Children & Adolescents' Clinic
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Chapel Hill, NC 27516
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SOCIAL HISTORY
1 FORM PER HOUSEHOLD FAMILY

DATE: _____

FOR OFFICE USE:

PATIENT NAME: _____

PATIENT NUMBER

DATE OF BIRTH: _____

SIBLING(S) AND DATES OF BIRTH: _____

Please list those who live in the same home as the child(ren):

Name	Relationship	Age

If the child's parents do not live together, what is the custody status? _____

Occupations of parents or caregivers: _____

Highest level of education of parents or caregivers: _____

Does anyone in the home use tobacco? Yes No

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

In the last year, our family ran out of food or worried that we would run out of food before we had money to buy more. Yes No

In the past year, has either parent or caregiver had a drinking problem? Yes No

Has either parent or caretaker ever had a drug problem? Yes No

When you were a child, how were you disciplined? _____

How strong are your family's religious beliefs or practices? (circle one)

Very strong Moderately strong Not strong Not applicable

What is your religion, if your family has an affiliation? _____

How often do you read bedtime stories to your child? (circle one)

Frequently Often Occasionally Rarely Never Not applicable

How often does your family eat meals together? (circle one)

Frequently Often Occasionally Rarely Never

What does your family do together for fun? _____