

As a Certified Medical Home, we need to update information yearly that will help Dr. Orton better know and take care of your child and family. As with all medical records, this information will be held in strict confidence. Thank you for completing this form in its entirety.

### SOCIAL HISTORY

Lives with

Both parents (same household)  Mother  Father  Step-parent  
 Grandparent  Foster parent  
 Other \_\_\_\_\_  
 DCF custody

Highest level of education completed: Mother \_\_\_\_\_ Father \_\_\_\_\_

Occupation (job): Mother \_\_\_\_\_ Father \_\_\_\_\_

Child attends (check all that apply)  Childcare with  family  home-based \_\_\_\_\_  
 Pre-school ( \_\_\_\_\_ )  School \_\_\_\_\_

### **HOUSEHOLD INFORMATION**

Housing:

Rent:  Apartment  House  Mobile home  
 Own:  House  Mobile home  
Housing built before 1980?  Yes  No  Unsure.

Basement:  Cement  Dirt  No basement

Water:  City/town ( \_\_\_\_\_ )  Well

Heat:  Oil  Propane  Natural gas  Electric  Wood/pellet stove  
Delivered by  Baseboard  
 Forced hot air

Child has  Own bedroom  Shares a bedroom with \_\_\_\_\_.

Carpet in bedroom:  Yes  No

Smoke detectors:  Yes  No; Change batteries 2 times per year:  Yes  No  Hardwired

Carbon monoxide detector near bedroom(s):  Yes  No

Firearms (guns):  Yes  No

Unloaded  Yes  No; Ammunition stored separately:  Yes  No

Trigger guards and/or guns locked up:  Yes  No

Swimming pool:  Yes  No; Trampoline:  Yes  No; ATV:  Yes  No; Motorcycle/Dirt bike:  Yes  No

Smoking (cigarettes, cigars, other):

None  
 Inside home  
 Outside home  
 In vehicle

Pets: \_\_\_\_\_

Please don't forget to provide good, safe examples for your family by always using your seatbelt, not driving distracted (put the phone down, don't text and drive); and not driving under the influence of alcohol or drugs.

**As a certified medical home, a social worker, mental health provider, nurse care manager, and nutritionist have regular office hours in our practice. Our team can help your family with issues that can have an effect on you and your child(ren)'s well-being. Please don't hesitate to ask if you need additional help.**

**Would like assistance with:**  Food resources  Nutritional strategies  
 Heat  Housing  
 Childcare subsidy  College financial resources  
 Smoking cessation  
 Drug or alcohol treatment  
 Depression or other mental health services  
 Domestic violence