

# Charles River Community Health

## Screen shots from our EMR

Pediatric Social History - Relationships

Detailed document  Reviewed, updated  Reviewed, no changes  History unobtainable

Age:  Historian:  Last updated/detailed doc:  ⓘ

Preferred language:

**Child Care:**

Provider:

Mother

Father

Grandparent

Sibling

Nanny

**Relationships:**

Resides with:

Primary:  Mother  Two mothers  Adoptive mother  Stepmother  Foster mother  Aunt  Grandmother  Sister(s):  Half sister(s):  Stepsister(s):  Multi-family:  Nursing home resident  Other:

Father  Two fathers  Adoptive father  Stepfather  Foster father  Uncle  Grandfather  Brother(s):  Half brother(s):  Stepbrother(s):

Lives alone

**Primary Residence**

Lives alone

Birth order:

No  Yes

No  Yes

No  Yes

No  Yes

with family/friends/others:  No  Yes



- Tobacco
- Relationships**
- Home Environment
- Education
- Nutrition/Elimination
- Comments
- ↳ Adult Social History

Detailed document  
  Reviewed, updated  
  Reviewed, no changes  
  History unobtainable

Age:  Historian:  Last updated/detailed doc:  ⓘ

Preferred language:

**Child Care:**

Provider:	Days/week:	Days/weeks:	facility name:
<input checked="" type="checkbox"/> Mother	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Daycare	<input type="text" value="3"/>
<input type="checkbox"/> Father	<input type="text"/>	<input type="checkbox"/> Sitter	<input type="text"/>
<input type="checkbox"/> Grandparent	<input type="text"/>	<input type="checkbox"/> Self	<input type="text"/>
<input type="checkbox"/> Sibling	<input type="text"/>	<input checked="" type="checkbox"/> Relative:	<input type="text" value="2"/>
<input type="checkbox"/> Nanny	<input type="text"/>	<input type="checkbox"/> Neighbor/friend	<input type="text"/>

relative:

**Relationships:**

Resides with:  
Primary:

Time spent:

Secondary:

Time spent:

Parent/guardian relationship /	Occupation

Maternal depression screening performed  
 Maternal depression screening result discussed

Parents' marital status:

Multiple birth:  No  Yes

Siblings: How many?  Birth order:

Relationship with sibling(s):

Cooperates with family/friends:  No  Yes

Cooperates with teachers:  No  Yes

Has enough friends:  No  Yes

Has friends of both sexes:  No  Yes

Concerns about relationship with family/friends/others:  No  Yes

Parents' Relationship

**divorced  
father in jail  
friends  
live together  
married  
mother in jail  
never together  
separated**

**Tobacco Exposure:**

Smokers at home?  No  Yes