



# Hunterdon Health

Hunterdon Pediatric Associates

## HPA Environmental Questionnaire

Please complete this questionnaire about your child's environment

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

	Name	Date of Birth	Education	Occupation
Parent				
Parent				
Step-Parent				
Step-Parent				
Siblings				

Marital Status		
Custody		
Adopted	Yes	No
Is patient in childcare	Yes	No

	Your Home	Childcare Location
Pets		
Smokers		
Firearms		
Water Source	Well or City    Fluoridated    Y or N	Well or City    Fluoridated    Y or N
Swimming Pool, Spa or other body of water		

Please list all the people that live in your household:

\_\_\_\_\_

Name of daycare or school attended: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

	Yes	No
<b>Are there any barriers to obtaining medical care</b> (examples - hearing or vision impaired, insurance, language, transportation)?		
Does your child use a car seat or seat belt?		
Does your home have smoke detectors?		
Does your home have carbon monoxide detectors?		
Does your child wear a helmet for bike riding?		
Does your home/daycare have a trampoline?		

The following is a list of illnesses and diseases. Please note if your child has a family member with any of these medical problems.

Medical Condition (circle those that apply)	List the child's relative (mother, uncle, etc).
Addiction - alcohol or drugs	
Anemia/Blood problems	
Arthritis at young age	
Asthma or lung disease	
Allergies	
Diabetes	
Crossed or lazy eye	
Heart disease, stroke, high cholesterol, sudden death	
Intestinal disease, liver disease or kidney disease	
Learning or school problems	
Mental Illness	
Seizures or Epilepsy	
Skin diseases - Eczema	
Scoliosis or infant hip problems	

Tuberculosis	
Other family illnesses (please specify)	

**Please circle one:**

**Race:** White/Caucasian    Black/African American    Asian    Multiracial    Other    Prefer not to answer

**Ethnicity:** Hispanic    Non Hispanic    Prefer not to answer

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

HPA feels that each patient at our practice should have his/her own primary pediatrician or nurse practitioner. This is a key feature of being a medical home. **Please identify one of our providers as your Primary Care Provider.**

Dr. Ricky Braff	Dr. Rachel Brauner	Dr. Mitchell Clarin	Dr. Stuart Slavin
Dr. John Douvris	Lori Ioriatti, PNP	Carol Koprowicz, PNP	Dr. Jody Kroon
Dr. Donna Krupinski	Dr. Holly Potts	Yamileth Rios, PNP	Dr. Rekha Mahale
Dr. Peter Scott	Dr. Ami Tailor		