



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				

Parents 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: _____

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: _____

	Yes	No
Are there any barriers to obtaining medical care (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 relatives (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)	

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. Rachel Brauner	Dr. Mitchell Clarin	Dr. Danielle Corpuz	Dr. John Douvris	Lori Ioriatti, PNP	Dr. Margot Kerrigan
Carol Koprowicz, PNP	Dr. Jody Kroon	Dr. Rekha Mahale	Dr. Holly Potts	Yamileth Rios, PNP	
Dr. Rida Sandhu	Dr. Stuart Slavin	Dr. Ami Taylor Langdon			