



## Next Gen Abstraction Environmental Questionnaire

<b>Today's Date</b>	
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Please complete this questionnaire about your child's environment.

<b>Child's Name</b>			<b>Date of Birth</b>	
	<b>Name</b>	<b>Date of Birth</b>	<b>Education</b>	<b>Occupation</b>
Parent				
Parent				
Step - Parent				
Step - Parent				
Siblings				
Marital Status	Custody		Adopted	Y      N
Childcare Arrangements				
Are there any barriers to obtaining medical care?			Y or N	example - hearing or vision impaired, insurance, language, transportation
	<b>Your Home</b>		<b>Childcare Location</b>	
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	gated	Y or N	inground	Y or N

Does your child use a carseat or seatbelt?  
 Does your home have smoke detectors?  
 Does your home have carbon monoxide detectors?  
 Does your child wear a helmet for bike riding?  
 Does home have a trampoline?

<b>YES</b>	<b>NO</b>

**Race:**                      White/Caucasian\_\_\_      Black/African American\_\_\_      Multiracial\_\_\_  
    Asian\_\_\_                      Other\_\_\_                      Prefers not to answer\_\_\_

**Ethnicity:**                      Hispanic \_\_\_\_\_      Not Hispanic \_\_\_\_\_      Prefers not to answer \_\_\_\_\_

Please list all the people that live in your household:

Name of daycare or school attended:

**OVER PLEASE**

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# Next Gen Abstraction Family History Questionnaire

**Today's Date**

The following is a list of illnesses and diseases. Please note if child's parent, grandparent, sibling, aunt or uncle has any of these medical problems.

Name:	Date of Birth:
<b>Medical Condition</b> <i>Circle those that apply</i>	<b>List Child's Relative (Mother, Brother, etc)</b>
Addiction - Alcohol or Drugs	
Anemia / Blood Problems	
Arthritis at Young Age.	
Asthma or Lung Disease	
Allergies	
Diabetes	
Deafness - Hearing Problems	
Crossed or Lazy Eye	
Heart Disease, Stroke, High Cholesterol, Sudden Death	
Intestinal Disease or Liver Disease	
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.	

We feel each patient at our practice should have his or her own primary pediatrician or nurse practitioner. This is a key feature of the medical home. Hunterdon Pediatrics began using NextGen Electronic Health Record in late 2011. We are trying to be sure that the computer entry for your primary pediatric provider is correct since the computer definition of the primary provider is not always the same as the family's definition.

**Do you identify one of our providers as your primary pediatrician or nurse practitioner? If so, please circle one name.**

Dr. Margaret Bouffard  
Dr. Ricky Braff  
Dr. Rachel Brauner  
Dr. Mitchell Clarin  
Dr. Michael Coraggio  
Dr. John Douvris

Dr. Jody Kroon  
Dr. Donna Krupinski  
Dr. Kevin Roche  
Dr. Alan Rushton  
Dr. Peter Scott  
Shacarah Fordjour, PNP

Lori Ioriatti, PNP  
Carol Koprowicz, PNP  
Laurie McVey, PNP  
Yamileth Rios, PNP  
No preferred provider

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