

LEAD RISK ASSESSMENT

- 1. Does your child live in or regularly visit a house that was built before 1950, including a home childcare center or the home of a relative?
YES NO

- 2. Does your child live in or regularly visit a house built before 1978 that has been remodeled in the last 6 months? Are there any plans to remodel?
YES NO

- 3. Does your child have a brother, sister, housemate or playmate who is being treated for lead poisoning?
YES NO

- 4. Does your child live with an adult whose job or hobby involves exposure to lead?
YES NO

- 5. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead into the environment?
YES NO

- 6. Does your child live within 1 block of a major highway or busy street?
YES NO

- 7. Has your child ever been given home remedies such as azarcon, greta, or pay looah?
YES NO

- 8. Has your child ever lived outside the United States?
YES NO

- 9. Does your family use pottery or ceramics for cooking, eating or drinking?
YES NO

- 10. Have you seen your child eat paint chips?
YES NO

- 11. Have you seen your child eat soil or dirt?
YES NO

- 12. Have you been told your child has low iron?
YES NO

Patient's Name _____ Patient Date of Birth _____

Parent's Signature _____ Date _____