

LEAD RISK ASSESSMENT QUESTIONNAIRE

Please check "Yes" or "No" for the following questions:

	YES	NO
1. Does your child live in a house/apartment that was built before 1960?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child live in a house/apartment that was built before 1978, that is being remodeled at this time?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does anyone living with your child ever had elevated <u>lead</u> levels?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does anyone living with your child work in a lead industry (radiator shop or battery manufacturer) or have a hobby that uses lead (welder, painter, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child eat paint chips or any non-food items or play in dirt where cars have been parked?	<input type="checkbox"/>	<input type="checkbox"/>
Patient Name: _____		
6. Does your child live near an active lead smelter, battery other industry likely to release lead?	Date of Birth: _____	
	Age: _____	
Provider's Signature: _____	Today's Date: _____	
_____ medicines, or eat candy	<input type="checkbox"/>	
_____ minority group?	<input type="checkbox"/>	

COMMENTS: If there is an answer to YES or UNKNOWN to any of the questions above.