



Childhood Lead Poisoning Risk Exposure Questionnaire for Children Between the Ages of 22-26 Months

Test Date: \_\_\_/\_\_\_/\_\_\_ (Month / Day / Year)

Child's Name: \_\_\_ (Last) \_\_\_ (First) DOB: \_\_\_/\_\_\_/\_\_\_ (Month / Day / Year)

Address: \_\_\_ (Street) \_\_\_ (City) \_\_\_ (Zip)

Phone #: \_\_\_\_\_ Gender: Male / Female (Circle One)

Health Insurance Type: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Parent / Guardian: \_\_\_\_\_

Table with 3 columns: The Child, Yes, No. Rows include: Is suspected by a parent or a health care provider to be at risk for lead exposure...; Has a sibling or frequent playmate with lead poisoning...; Is a recent immigrant, refugee, or foreign adoptee...; Has a household member who uses traditional, folk, or ethnic remedies...; Lives in or regularly visits a house or day care center...; Lives with an adult whose job or hobby involves exposure to lead...; Lives near an active lead smelter, battery recycling plant...; Lives in, attends day care in, or visits any of the following zip code areas...; Blood-lead level performed:; Results:

File questionnaire in chart.

Revised 1/16/2016