

## Lead Screening

Name: \_\_\_\_\_

Date of Birth:\_\_\_\_\_

Date of Service:\_\_\_\_\_

Doctor Name:\_\_\_\_\_

RISK ASSESMENT QUESTIONS	YES	NO
Does your child live in or regularly visit an older		
building with peeling or chipping paint, or with recent		
ongoing renovation or remodeling?		
Has your child spent any time outside the US in the past		
year?		
Does your child have a brother, sister, housemate, or		
playmate being followed or treated for lead poisoning?		
Does your child eat non-food items (pica)? Does your		
child often put things in his/her mouth such as toys,		
jewelry, or keys?		
Does your child frequently come into contact with an		
adult whose job or hobby involves exposure to lead?		
Does your child use traditional medicine, health,		
remedies, cosmetics, powders, spices, or food from other		
countries?		
Does your family cook, store, or serve food in landed		
crystal, pewter, or pottery from Asia or Latin America?		

Risk Assessment:Low\_\_\_\_High \_\_\_\_

## For children age 2 and up:

Is there a family history of high cholesterol at a young age?

Yes\_\_\_\_ No\_\_\_\_