

107 N Maclay Ave, San Fernando, CA 91340
 Tel: (818) 697-8585 Fax: (888) 799-8585

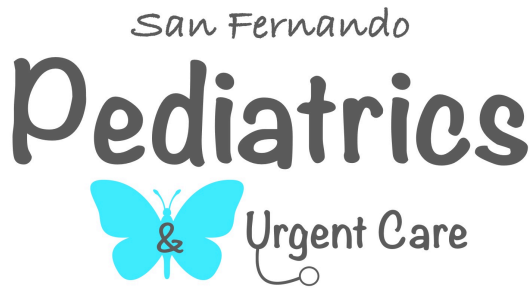
Lead Screening Questionnaire

Patient's Name: _____ DOB: _____ Age: _____

Form completed by: _____ Relationship to patient _____ Date: _____

Please circle the answers to the following questions:

Has your child lived in or regularly visited a home, child care or other building built before 1950?	Yes	Don't know	No
Has your child lived in or regularly visited a home, child care or other building built before 1978 with recent or ongoing painting, repair and/or remodeling?	Yes	Don't know	No
Is your child enrolled in or attending a head start program?	Yes	Don't know	No
Does your child have a brother, sister, other relative, housemate or playmate with lead poisoning?	Yes	Don't know	No
Does your child spend time with anyone that has a job or hobby where they may work with lead? <i>Example: Painting, remodeling, auto radiators, batteries, auto repair, soldering, making sinkers, bullets, stained glass, pottery, going to shooting ranges, hunting or fishing.</i>	Yes	Don't know	No
Do you have pottery or ceramics made in other countries or lead crystal or pewter that are used for cooking, storing or serving food or drink?	Yes	Don't know	No
Has your child ever taken any traditional home remedies or used imported cosmetics? <i>Examples: Azarcon, Alarcon, Greta, Rueda, Pay-loo-ah or Kohl</i>	Yes	Don't know	No
Has your child been adopted from, lived or visited another country? Which country: _____	Yes	Don't know	No
Do you have concerns about your child's development? Concern(s): _____	Yes	Don't know	No



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Lead Screening Questionnaire

Anticipatory guidance regarding lead hazard identification and risk reduction measures should be a routine part of an ongoing educational approach for pregnant women, children and their families. The goal of lead screening is to identify children who may have been exposed to lead, provide interventions and reduce the risk of exposure. All children should be assessed for risk of lead poisoning by administration of the following questionnaire.

This questionnaire should be administered at 1 and 2 years of age or between 3 and 5 years of age if not previously screened. If the answer to any of these questions is “Yes” or “Don’t know”, follow up questions may be needed to clarify responses.

Blood lead testing should also be considered as part of a diagnostic work-up of any child regardless of age with the following symptoms:

- **Behavioral problems:** aggression, hyperactivity, attention deficit, school problems, learning disabilities, excessive mouthing or pica behavior and other behavior disorders.
- **Developmental problems:** growth, speech and language delays and/or hearing loss.
- **Symptoms or signs consistent with lead poisoning:** irritability, headaches, vomiting, seizures or other neurological symptoms, anemia, loss of appetite, abdominal pain and cramping or constipation.
- **Ingestion of foreign body.**

Signature: _____ Date ____/____/____

Name: _____ Relationship to patient: _____