Plateau Pediatrics Lead Screening Evaluation

Patient's Name: _____ Chart: _____

DOB: _____ Age: _____ Date: _____

How many years/months has your child lived at the current address? _____

How long was the child at his/her previous address? Where was it? _____

What is the source of drinking water for the family? (Circle) City/Municipal water system Well Bottle

Yes	No	Unsure		
☐	☐	☐	1.	Does your child live in or regularly visit a house built before 1978? This could include a day care center, home of a babysitter, or a relative).
☐	☐	☐	2.	Does your child have a family member or a playmate that has or did have lead poisoning?
☐	☐	☐	3.	Is your child a newly arrived refugee or foreign adoptee?
☐	☐	☐	4.	Does your child live within 80 feet (1 block) of a heavily traveled road or street?
☐	☐	☐	5.	Does your child eat or chew on non-food items like paint chips or dirt?
☐	☐	☐	6.	Does your child have low iron?
☐	☐	☐	7.	Does your child live near or visit with someone who lives near a lead smelter, battery recycling plant, or other industry that could release lead?
☐	☐	☐	8.	Does your family use products from other countries such as pottery, health remedies, spices, food, or cosmetics? Examples: • Traditional medicines such as Azarcon, Greta, or pay-loo-ah • Cosmetics such as kohl, surma, and sindor • Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins • Foods canned or packaged outside of the US
☐	☐	☐	9.	Does your child frequently come in contact with an adult whose job or hobby may have contact with lead? Examples: • House construction • Battery manufacturing or repair • Burning lead-painted wood • Automotive repair shop or junk yard • Going to a firing range or reloading bullets • Chemical preparation • Valve and pipe fitting • Brass/copper foundry • Refinishing furniture • Making fishing weights • Radiator repair • Pottery making • Lead smelting • Welding
☐	☐	☐	10.	Does your child attend a school in which elevated lead levels were detected in the drinking water?
☐	☐	☐	11.	Is your child covered by a TennCare Plan (TennCare Select, BlueCare, Amerigroup, or UHCCP – United Healthcare Community Plan)
☐	☐	☐	12.	When was your child's last blood lead test? (Circle one) Never Within the past year 1-2 years More than 2 years ago

Result: _____ Date: _____ Age on Date: <12 months 12-23 months 24 + months Where: Plateau Pediatrics Quest Health Department Other: _____

Assessment

Low Risk | High Risk, up to date Next due at: _____ | High Risk, needs today

Scored By: _____ Date Scored: _____