## Lead Risk Questionnaire 12 mos. well check

§Pb-110

Purpose: To identify children who need to be tested for lead exposure.

## Instructions

- If Yes or Don't Know, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name:	DOB: Me	edicaid #:	
Provider's Name:	Administered by:	Date	
Questions		Yes or Don't Know	No
1. Does your child live in or visit a home, day	-care or other building built before 1978?		
2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?		remodeling?	
3. Does your child eat or chew on non-food things like paint chips or dirt?			
4. Does your child have a family member or f	riend who has or did have an elevated blood le	ead level?	
5. Is your child a newly arrived refugee or for	reign adoptee?		
<ul> <li>6. Does your child come in contact with an act Examples</li> <li>House construction or repair</li> <li>Battery manufacturing or repair</li> <li>Burning lead-painted wood</li> <li>Automotive repair shop or junk yard</li> <li>Going to a firing range or reloading bullets</li> </ul>	<ul> <li>Chemical preparation</li> <li>Valve and pipe fittings</li> <li>Brass/copper foundry</li> <li>Refinishing furniture</li> <li>Making fishing weights</li> <li>Resolution</li> <li>Radiator repair</li> <li>Pottery making</li> <li>Lead smelting</li> <li>Welding</li> </ul>	2?	
<ul> <li>Examples</li> <li>Traditional medicines such as Ayurvedic, g liga, pay-loo-ah, and rueda</li> <li>Cosmetics such as kohl, surma, and sindor</li> </ul>	ly, and imported nutritional pills other than vit	ghasard, amins.	
		Test Immediately	