

Lead Screening Form

Name of patient: _____ DOB: _____

Please complete the following questionnaire which assesses your child's risk of lead poisoning

	Age of child	1 YR	2 YR
Has your child been tested previously for lead? If yes, when? _____ Were the results normal? _____		Y / N	Y / N
Does your child live in or frequent a house built before 1960?		Y / N	Y / N
Does your child live with an adult who has an occupation or hobby that uses lead such as construction, welding or pottery?		Y / N	Y / N
Do you know of any source for lead near your house that can affect you or your child such as lead smelter, battery recycling plant or major highways?		Y / N	Y / N
Do you give your child home/folk remedies that may contain lead?		Y / N	Y / N
I agree to screen my child for lead poisoning.		Y / N	Y / N

Signature of Parent or Guardian _____