

Child's name _____

DOB: _____

Today's date: _____



Lead Exposure Risk Assessment

Clinician Instructions

If any of the boxes are marked yes, the child might be at risk for lead exposure and you should consider a blood lead test (venous or capillary).

Question	Yes	No	Unsure
1. Has your family qualified or received any of the following services in the past 12 months? <ul style="list-style-type: none"> • Medicaid • Child Health Plan Plus • Colorado Indigent Care Program 			
2. Does your child <u>live in or regularly visit</u> a building built before 1978? (This includes your home, a child care facility, preschool, or home of a babysitter or a relative, etc.)			
3. Has your family/child ever lived outside the United States?			
4. Does your child eat non-food items (like dirt or paint chips)?			
5. Does your child frequently come in contact with anyone whose job or hobby involves exposure to lead? (Jobs and Hobbies include: house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, jewelry or pottery making, fishing, making stained glass, making or shooting firearms or bullets, and collecting lead or antique pewter figurines.)			
6. Does your child play with brass (gold-colored) keys, play near galvanized fences, or do you have plastic (not metal) mini blinds in your home? If yes, which item: _____			
7. Does your family use products from other countries such as health remedies, folk medicines, spices, candy or other foods, or store or serve food in leaded crystal, pottery or antique pewter? (See other potential sources of lead on our website.)			

For more information: <http://www.tchd.org/589/Lead-Poisoning-Prevention-Healthcare-Pro>

<http://www.tchd.org/463/Childhood-Lead-Poisoning-Prevention>

