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(F)

VERBAL LEAD SCREENING

Child's Name: _____ DOB: _____

PLEASE ANSWER ALL THE QUESTIONS. THIS WILL HELP THE DOCTOR DECIDE IF YOUR CHILD NEEDS A SPECIAL BLOOD TEST.

	YES	NO
1. Does your child live in or regularly visit a house with peeling or chipping paint <u>built before 1960</u> ? This could include a day care center, preschool, the house of a baby-sitter or a relative, etc.	—	—
2. Does your child live in or regularly visit a house <u>built before 1960</u> with recent, ongoing, or planned renovation or remodeling?	—	—
3. Does your child have a brother or sister, housemate or playmate being treated for lead poisoning?	—	—
4. Does your child live with an adult or frequently come in contact with an adult whose job or hobby involves exposure to lead? (Construction, welding, pottery, brass/copper foundry, automotive repair shops)	—	—
5. Does your child eat food, drink juice or punch that has been stored in pottery from Mexico or that has been stored in open cans, particularly if the cans are imported?	—	—
6. Does your child live near a lead smelter, battery recycling plant, or other industry likely to release lead? (valve and pipe fittings, pottery, chemical and chemical preparations, industrial machinery and equipment)	—	—
7. Do you give your child any home or folk remedies or traditional medicines that may contain lead?	—	—
8. Does your child live near a heavily traveled major highway where soil and dust may contain lead?	—	—
9. Does your home's plumbing have lead pipes or copper with lead joints?	—	—
10. Do you have any questions about this survey for your doctor?	—	—

Name of Person completing Questionnaire

Relationship to Child

Signature of Person completing Questionnaire

Today's Date