Page County Public Health
Childhood Lead Poisoning Risk Questionnaire

Child's Name_____**M/F Parent/Guardian**_____

Date of Birth_____ **Phone**_____ **Insurance**_____**Title 19 #**_____

Street Address_____ **City**_____ **Zip**_____

1	Has your child ever lived in or regularly visited a house built before 1960? (Examples: home, day-care center, baby-sitter, relative's home)	**Yes**	**No**
2	Have you noticed any peeling or chipping paint in or around the pre-1960 house that your child has lived in or regularly visited?	**Yes**	**No**
3	Is the pre-1960 home that your child has lived in or regularly visited been remodeled or renovated by: A. Stripping, sanding, or scraping paint on the inside or outside of the house. B. Removing walls and/or tearing out lath and plaster.	**Yes**	**No**
4	Does your child eat non-food items such as dirt?	**Yes**	**No**
5	Have any of your other children or their playmates had lead levels >15ug/dL?	**Yes**	**No**
6	Does your child live with or frequently come in contact with an adult who works with lead on the job or in a hobby? (Examples: painter, welder, foundry worker, old home renovator, shooting range worker, battery plant worker, battery recycling worker, ceramics worker, stained glass worker, sheet metal worker, scrap metal worker, plumber)	**Yes**	**No**
7	Does your child live near a battery plant, battery recycling plant or lead smelter?	**Yes**	**No**
8	Do you give your child any home or folk remedies? (Ex: azarcon, greta, pay-loo-ah)	**Yes**	**No**
9	Does your child eat candy that comes from Mexico or is purchased from a Mexican grocery store? (Examples: picarindo, vero palerindas)	**Yes**	**No**
10	Has your child ever lived in Mexico, Central America, South America, Africa, Asia, or Eastern Europe, or visited one of these areas for a period longer than two months?	**Yes**	**No**

Capillary lead results_____

<10 ug/dL	Normal
10-14 ug/dL	Slightly elevated-receive nutrition counseling, recheck in 3 months
>15 ug/dL	Referred for venous lead level

This information will be shared with my health care provider_____**(Doctor/Clinic Name)** and the Iowa Department of Public Health's Lead Poisoning Prevention Bureau**.** **Date of last visit to Doctor**_____

Name of Dentist_____ **Date of last visit to Dentist**_____

I give permission to share this information with: WIC_____ Preschool_____
Child Care Provider_____ Other_____

HIPAA

I have answered the above to the best of my ability and those answers are correct and true. I understand and agree that my child's lead screen record will be shared with any school or day care in which my child is enrolled with; my child's physician; and will be entered into the State of Iowa's data base system. I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. The Notice of Privacy Practice has been made available to me which explains those rights.

_____
Parent/guardian signature date

Nurse's please check what information has been given to client:

_____What my capillary result means
__X___How to protect Iowa Families
____Eliminating Lead Hazards
____The Effects of Lead Exposure on School Performance
____Other(list)_____

Date entered into Lead Care II Report: _____
Date entered into Cares: _____
Date Provider Notified: _____
Date Parent Notified: _____

_____
Staff signature *time in/out*
Inform complete