



Lead Screening Questionnaire

Does your child live in or regularly visit a house or child care facility built before 1950?

Yes____ No____ Don't know____

Does your child live in or regularly visit a house or child care facility built before 1978 that is being renovated, remodeled or has chipping or peeling paint?

Yes____ No____ Don't know____

Does your child have a sibling or playmate that has or did have lead poisoning?

Yes____ No____ Don't know____

Does your child live in or regularly visit Mexico or eat Mexican candy?

Yes____ No____ Don't know____

Does your child eat soil or chew on keys or cosmetic jewelry?

Yes____ No____ Don't know____

Do you use home remedies or cosmetics containing lead (eg. Azarcon, Greta, Pay-looah, alkohl)?

Yes____ No____ Don't know____

Do you use imported or handmade dishes/containers to serve, prepare or store food or drink (Mexican pottery, leaded crystal, antique pewter)?

Yes____ No____ Don't know____

Does your child live with someone whose job or hobby involves exposure to products containing lead (Pipes, plumbing fixtures, car repair, leaded glass, furniture refinishing , painting or use of a gun or lead shot)?

Yes____ No____ Don't know____

Patient Name: _____
(Last) (First)

Date of Birth: ____/____/____

Reviewed By: _____

Today's Date: _____