Do not write, stamp, punch holes or affix a sticker in this area.	▲ Direction of Feed ▲ Lead Exposure Risk Assessment Please answer every question	To reproduce, follow the printing instructions. Fold only on the dotted lines.
Marking Instructions Please use a #2 pencil. Fill in the complete oval as shown		PATIENT'S DATE OF BIRTH Month Day Year
Do you use home remedies or cosmetics tha (Azarcon, Greta, Pay-loo, Alkohi or Kohl)	at contain lead?	yesnounsure
Do you use homemade dishes or containers	s to serve, prepare or store food or drinks?	yesnounsure
	please fold on dotted line	
Does the child eat or chew on non-food iter	ns?	yes no unsure
Does the child live in or regularly visit a hou before 1978 with recent or ongoing renovat		yes no unsure
Does the child live in or regularly visit a hou location with peeling or chipping paint built This can include a day care center, preschool,		 yes no unsure
Does the child have a parent, brother, sister treated or monitored for lead poisoning or l		yes no unsure
	please fold on dotted line	
Does the child live with or frequently visit s For example: battery storage, dealing with p	omeone whose job or hobby involves exposure olumbing materials, automotive repair shop, mot are refinishing, painting, soldering, gunsmithing.	
Does the child live near an active lead smelt other industrial enterprise that could releas		yes no unsure

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