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.

| PLEASE PRINT PATIENT'S LAST NAME  |               |
|---|---------------|
| Marking Instructions  |               |
| Please use a #2 pencil.  PLEASE PRINT PATIENT'S FIRST NAME PATIENT'S DAT  | E OF BIRTH    |
| Fill in the complete oval as shown  | y Year        |
| Do you use home remedies or cosmetics that contain lead?<br>(Azarcon, Greta, Pay-loo, Alkohi or Kohl)   | yes no unsure |
| Do you use homemade dishes or containers to serve, prepare or store food or drinks?   | yes no unsure |
| please fold on dotted line  |               |
| Does the child eat or chew on non-food items?   | yes no unsure |
| Does the child live in or regularly visit a house or other location built before 1978 with recent or ongoing renovation or remodeling?  | yes no unsure |
| Does the child live in or regularly visit a house or other location with peeling or chipping paint built before 1978?  This can include a day care center, preschool, school, home of a babysitter, relative or friend. | yes no unsure |
| Does the child have a parent, brother, sister, housemate or playmate who is being treated or monitored for lead poisoning or has a blood lead level more than 10ug/dL?  | yes no unsure |
| Does the child live with or frequently visit someone whose job or hobby involves exposure to lead?  |               |
| For example: battery storage, dealing with plumbing materials, automotive repair shop, motor vehicle parts, glass products, pottery, furniture refinishing, painting, soldering, gunsmithing.                           | no<br>unsure  |
| Does the child live near an active lead smelter, battery recycling plant or other industrial enterprise that could release lead into the environment?   | yes no        |