

EXPOSURE HISTORY OF CHILD WITH ELEVATED BLOOD LEAD LEVEL

1. Last Name	First Name	MI
2. Medicaid No. or SSN		
3. Date of Birth	4. Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Island. <input type="checkbox"/> Other		
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
7. County of Residence:		
8. Refugee status? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Current Address of Child: _____ Phone: (____) _____

Length of Residence at Child's Current Address: _____ years _____ months

Parent/Guardian Name: _____

Laboratory Findings: Date: _____ Blood Lead: _____
 Date: _____ Blood Lead: _____
 Date: _____ Blood Lead: _____

Dietary History:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the family store food in open cans? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the family prepare, store, or serve food in homemade or imported ceramic dishes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the family use traditional medicines such as greta, azarcon or pay-loo-ah? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the family cook with imported spices? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the child receive iron, calcium or phosphorus supplements? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child enrolled in the WIC program? |

Comments: _____

Possible Non-food Sources of Child's Lead Exposure:

- | Yes | No | | Explain |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Does child play in dirt? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does child put fingers in mouth? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever seen child eat a paint chip, plaster or chew on painted surfaces? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does child eat or chew on other non-food items? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does family recycle or store old car batteries? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does family use the following for fuel:
painted boards? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | battery casings? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there plastic or vinyl miniblinds at the child's home? | _____ |

Possible Non-food Sources of Child's Lead Exposure: (Continued)

Yes	No	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Is there peeling paint or plaster inside or out at the child's primary residence? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is the primary residence being remodeled or has it been remodeled during the past six months? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do any family members work in battery salvage, car repair or painting, smelting or house renovating? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do any family members have a hobby or job that involves hunting; target shooting; fishing; furniture repair; making bullets, pottery or stained glass? _____
<input type="checkbox"/>	<input type="checkbox"/>	Was the child born in a country other than the United States? _____

Approximate Age of Dwelling: _____ Owner of Dwelling: _____

Number of children in household less than 6 years old:	Tested for lead poisoning during past six months?
Name/age _____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

INTERVIEWER: Have I completed the following?	Yes	No	Comments
Discussed effects of lead poisoning and need for patient follow-up.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provided education on house cleaning measures to prevent lead poisoning.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provided nutritional information to reduce lead absorption.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Made arrangements for subsequent laboratory testing.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has referral been made to physician if needed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, give date and time: _____			_____
Explained reason for environmental investigation.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Referred to local health department for environmental investigation.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Date: _____ INTERVIEWER: _____

Purpose: To be used by the health care provider to determine potential sources of lead exposure for a child with an elevated blood lead level and to educate the family about lead poisoning.

Preparation: Fill in the blanks and check the appropriate answers. **Fax a copy to (919) 841-4015.**

Distribution: Retain original at county health department with child's record. Send a copy to the lead investigator upon a referral for an environmental investigation.

Disposition: This form may be destroyed in accordance with Standard 5 of the *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional forms may be ordered from: Environmental Health Section
Division of Public Health
Children's Environmental Health Unit
1934 Mail Service Center
Raleigh, NC 27699-1934
Phone: (919) 707-5854