

## EXPOSURE HISTORY OF CHILD WITH ELEVATED BLOOD LEAD LEVEL

|  |   |   |   |
|--|---|---|---|
| 1. Last Name   | First Name  | M | I |
| 2. Medicaid No. or SSN   |   |   |   |
| 3. Date of Birth   | 4. Hispanic Origin?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| 5. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian<br><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

- Does the family store food in open cans?
- Does the family prepare, store, or serve food in homemade or imported ceramic dishes?
- Does the family use traditional medicines such as greta, azarcon or pay-loo-ah?
- Does the family cook with imported spices?
- Does the child receive iron, calcium or phosphorus supplements?
- Is the child enrolled in the WIC program?

Comments: \_\_\_\_\_

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

Yes No

- | 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:<br>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?<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the primary residence being remodeled or has it been remodeled during the past six months?<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do any family members work in battery salvage, car repair or painting, smelting or house renovating?<br>_____   |
| <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?<br>_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the child born in a country other than the United States?<br>_____  |

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