

Risk Assessment Questionnaire

Patient's Name _____ **DOB** ____/____/____

Assessment Date ____/____/____

Lead (ages 6 – 72 months): Mandatory questions

Yes No Unsure

Does the child live in or regularly visit a house/apartment built before 1950? This could include a daycare center, home of a baby sitter, or a relative.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child live in or regularly visit a house/apartment built before 1978 with recent or ongoing remodeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have a sibling or a playmate that has, or did have lead poisoning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lead (ages 6 – 72 months): Optional questions

Yes No Unsure

Does child live near or visit with someone who lives near a lead smelter, battery recycling plant or other industry that could release lead or has a hobby which uses lead such as welding, construction, or pottery making?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child frequently come in contact with an adult who works with lead (construction, welding, pottery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that your child has low iron?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child live in or regularly visit a house(or daycare facility) built before 1960?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your family use pottery ware or lead crystal for cooking, eating or drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has child been seen eating paint chips, crayons, or soil/dirt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is child given any home or folk remedies that may contain lead (may include moonshine Azarcon, Greta, Paylooah)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your home's plumbing have lead pipes or copper pipes with lead solder joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note: Lead level laboratory tests are mandatory at 12 and 24 months.

Tuberculosis (Initiate @ one- year)

Yes No Unsure

Has child been in close contact with a person with infectious tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does child have HIV infection or considered at risk for HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is child foreign born (especially if born in Asia, Africa or Latin America), a refugee, or an immigrant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is child in contact with the following individuals? HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescents or adults, illicit drug users, or migrant farm workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does child have a depressed immune system, either because of disease or treatment of disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does child live in an established "high risk for tuberculosis" community or area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cholesterol (Initiate @ two- years)

Yes No Unsure

Does child have risk factors for future coronary disease such as physical inactivity, obesity, or Diabetes Mellitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a family history (parents and grandparents) of coronary or peripheral vascular disease below age 55?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a family history (parents and grandparents) of elevated blood cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>