

# Routine Blood Lead Screening Risk Questionnaire for:

children **under three** years of age--**OR**

children **under six** years of age who have **never been tested** for blood lead poisoning.

Name of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Age of child: \_\_\_\_\_ (years) Physician or Nurse Practitioner: \_\_\_\_\_

**Please circle the correct answer to the following questions:**

<p>Do you have reason to believe that your child may have blood lead poisoning?</p> <p>Reason for concern: _____</p>	<p>Yes</p>	<p>No</p>
<p>Has your child moved to Minnesota from a foreign country or from a major metropolitan area within the last 12 months?</p>	<p>Yes Don't Know</p>	<p>No</p>
<p>Does your child live within the city limits of Minneapolis or St. Paul?</p>	<p>Yes Don't Know</p>	<p>No</p>
<p>Do you receive:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Assistance (MA) which includes the Prepaid Medical Assistance Program (PMAP),</li> <li><input type="checkbox"/> the Supplemental Food Program for Women, Infants, and Children (WIC), or</li> <li><input type="checkbox"/> MinnesotaCare (MnCare)?</li> </ul>	<p>Yes Don't Know</p>	<p>No</p>
<p>During the past six months has your child lived in or regularly visited a home, childcare, or other building built before 1950?</p>	<p>Yes Don't Know</p>	<p>No</p>
<p>During the past six months has your child:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> lived in, or</li> <li><input type="checkbox"/> regularly visited</li> </ul> <p>a home, childcare, or other building built before 1978 with recent or ongoing repair, remodeling, or damage (such as water damage or chipped paint).</p>	<p>Yes Don't Know</p>	<p>No</p>
<p>Has your child's brother, sister, housemate, or playmate been diagnosed with blood lead poisoning?</p>	<p>Yes Don't Know</p>	<p>No</p>

# Periodic Blood Lead Screening Risk Questionnaire for:

children **three to six** years of age who **have been tested** for blood lead poisoning in the past

Name of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Age of child: \_\_\_\_\_ (years) Physician or Nurse Practitioner: \_\_\_\_\_

**Please circle the correct answer to the following questions:**

<p>Do you have reason to believe that your child may have blood lead poisoning?</p> <p>Reason for concern: _____</p>	<p>Yes</p>	<p>No</p>
<p>Has your child moved to Minnesota from a foreign country or from a major metropolitan area within the last 12 months?</p>	<p>Yes</p> <p>Don't Know</p>	<p>No</p>
<p>Since your child's last blood lead test has your child's brother, sister, housemate, or playmate been diagnosed with blood lead poisoning?</p>	<p>Yes</p> <p>Don't Know</p>	<p>No</p>
<p>Since your child's last blood lead test has your child moved to or started regularly visiting a home, childcare, or other building built before 1950?</p>	<p>Yes</p> <p>Don't Know</p>	<p>No</p>
<p>Since your child's last blood lead test has there been:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> repair,</li> <li><input type="checkbox"/> remodeling, or</li> <li><input type="checkbox"/> damage (such as water damage or chipped paint)</li> </ul> <p>to a home, childcare, or other building built before 1978 that your child lives in or regularly visits?</p>	<p>Yes</p> <p>Don't Know</p>	<p>No</p>