

Riverdale Pediatrics, P.C.

Child's name:

Date of birth:

Lead Risk Assessment Questionnaire

Have any of your children or their playmates ever had a high blood lead level?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does your child live in, or regularly visit, an older home or other place with peeling or damaged paint?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does your child live in, or regularly visit, an older home or other place that is being or was renovated within the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does your child have any developmental delays, have hand-to-mouth behavior, or put nonfood items, such as paint chips or soil, in their mouth?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Has your child moved to the United States from or traveled to a foreign country where lead poisoning may be common? From 2002 to 2009, in descending order of frequency, lead poisoning has been found in at least 2 NYC children emigrating from Haiti, Bangladesh, Pakistan, Mexico, Dominican Republic, India, China, Guinea, Guyana, Liberia, Georgia, Ecuador, Jamaica, Nigeria, Guatemala, Sierra Leone, Senegal, Albania, Egypt, Togo, Yemen, Ghana, Ivory Coast, Mali, Nepal, United Kingdom, Burma, Canada, Israel, Suriname, Trinidad and Tobago, Uzbekistan, Yugoslavia, Afghanistan, Morocco, Thailand, Burkina Faso, Republic of the Congo, Cuba, El Salvador, Gambia, Honduras, Mauritania, and Peru.	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does your family use products from other countries such as health remedies, spices, food or pottery?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does your child play near a heavily traveled highway, bridge or elevated train where there is peeling paint?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does your child come into contact with an adult whose job or hobby involves exposure to lead (e.g., bridge painting/repair, building demolition, home renovation/repair, automotive and electronics repair, furniture refinishing, working with firearms, and arts/crafts work involving ceramics, metal and color pigments)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Is your child enrolled in or are you planning to enroll him/her in Medicaid or the NYC Early Intervention Program? Medicaid requires a blood lead test for children up to age 6 who have not been previously tested. Enrollment in preschool/daycare and the Early Intervention Program both required blood lead level documentation.	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Your name	Your relationship to the child
Signature	Date