

Primary Pediatrics  
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IS YOUR CHILD AT RISK FOR LEAD POISONING? PLEASE ANSWER THE FOLLOWING QUESTIONS.

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| 1. Does your child live in or regularly visit an old house built before 1960?            | YES | NO |
| 2. Was your child's daycare center, pre-school, or babysitter's house built before 1960? | YES | NO |
| 3. Does the house have chipping or peeling paint?  | YES | NO |
| 4. Does your child live in a house built before 1960 with recent or planned renovations? | YES | NO |
| 5. Have any of your children or their playmates ever had lead poisoning?                 | YES | NO |
| 6. Does your child frequently come in contact with an adult who works with lead?         | YES | NO |
| 7. Does your child live near a lead smelter, battery recycling plant or other industry?  | YES | NO |
| 8. Do you give your child home or folk remedies likely to contain lead?                  | YES | NO |
| 9. Does your child live near a heavily traveled highway?                                 | YES | NO |
| 10. Does your home's plumbing have lead pipes or pipes with lead soldered joints?        | YES | NO |

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, WE RECOMMENDE A BLOOD LEAD SCREENING TEST.

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_