

Elevated Blood Lead Level Follow-Up: CHILD

Patient Name:

Dates, Results and Notes of Previous Lead Tests:

Date of Birth:

Date of Test:

Received:

Result ($\mu\text{g}/\text{dL}$):

Provider's Name

Provider's Number:

Step 1: Interview Provider

Date Contacted:

Why was the patient tested for lead?

What do you suspect was the source of lead exposure?

What are the patient's guardians' names?

Who does the patient live with primarily?

What is the best way for me to get in touch with them?

Phone:

Mailing Address:

Do any other children live in the home?

YES or NO

What are their names and dates of birth?

Were they given a lead test as well? When were they tested and what were their results?

Follow-up recommendations made to provider:

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Step 2: Interview Patient's Guardian

Date Contacted:

1. What are your and your husband/wife's profession and hobbies?

2. Are you (your wife) pregnant or plan to become pregnant in the near future? YES NO

3. Does your child live in or visit homes, day cares or other buildings built before 1978?
Are you aware of any remodeling that might have occurred in these buildings?
Is there peeling paint or a lot of dust in these buildings? Are there sandboxes or other sources of dust?

4. Does your child live in or visit homes, day-cares or other buildings with ongoing or past repairs or remodeling?

5. Does your child eat or chew on non-food substances such as paint chips, dirt or various objects/toys?

6. Does your child have any favorite toys? Where were they made? Does he chew on them?

7. Has anyone who resides in the same home as your child previously had an elevated blood lead level?

8. Is your child a foreign adoptee, refugee or has your child recently travelled internationally?

9. Does your child eat game that has been killed with lead shot or bare lead bullets?

10. What kind of plates, cups and silverware do you use?

11. What type of water system is in your home (city vs. well vs. hauling)? Has the water ever been tested for lead?

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10. Does your child come in contact with an adult whose job or hobby includes any of the following:

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|--|---------------------------|-------------------------------|
| • House construction or repair | • Radiator Repairs | • Refining furniture |
| • Battery manufacturing or repair | • Pottery making | • Making fishing weights |
| • Burning lead-painted wood | • Chemical preparation | • Lead smelting |
| • Automotive repair shop or junk yard | • Valve and pipe fittings | • Welding |
| • Going to a firing range or reloading bullets | • Brass/Copper foundry | • Works around small aircraft |

11. Does your family use traditional, foreign products such as pottery, health remedies, skin care creams, spices or foods? Including:

- | | | |
|---|------------|-----------|
| • Traditional medicines such as Ayurvedic, greta, azarcon, Alarcon, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah and rueda | YES | NO |
| • Cosmetics such as kohl, surma, and sindor | | |
| • Imported or glazed pottery, imported candy, and imported nutritional pills or vitamins | | |

12. Does your family smoke? (If yes, suggest they smoke outside)

Recommend that a diet rich in calcium, iron, and vitamin C may help lower lead levels.