



Croton Pediatrics

Boston Children's Health Physicians

Until every child is well™

Lead Screening

Name: _____

Date of Birth: _____

Date of Service: _____

Doctor Name: _____

RISK ASSESSMENT QUESTIONS	YES	NO
Does your child live in or regularly visit an older building with peeling or chipping paint, or with recent ongoing renovation or remodeling?		
Has your child spent any time outside the US in the past year?		
Does your child have a brother, sister, housemate, or playmate being followed or treated for lead poisoning?		
Does your child eat non-food items (pica)? Does your child often put things in his/her mouth such as toys, jewelry, or keys?		
Does your child frequently come into contact with an adult whose job or hobby involves exposure to lead?		
Does your child use traditional medicine, health, remedies, cosmetics, powders, spices, or food from other countries?		
Does your family cook, store, or serve food in landed crystal, pewter, or pottery from Asia or Latin America?		

Risk Assessment: Low ___ High ___

For children age 2 and up:

Is there a family history of high cholesterol at a young age?

Yes___ No___