



Illinois Department of Public Health
Childhood Lead Risk Assessment Questionnaire
ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING (410 ILCS 45/6.2)

Name _____ Today's Date _____
Age _____ Birthdate _____ ZIP Code _____
Lake County 60040, McHenry County 60034, Racine, WI

Respond to the following questions by circling the appropriate answer RESPONSE

- 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? Yes No Don't Know
2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher? Yes No Don't Know
3. Does this child live in or regularly visit a home that was built before 1978? Yes No Don't Know
4. In the past year, has this child been exposed to repairs, repainting or renovations of a home built before 1978? Yes No Don't Know
5. Is this child a refugee or an adoptee from any foreign country? Yes No Don't Know
6. Has this child ever been to Mexico, Central or South America Asian countries (i.e. China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics home remedies, folk medicines or glazed pottery)? Yes No Don't Know
7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? Yes No Don't Know
8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? Yes No Don't Know

If there is any "Yes" or "Don't Know" response, and

- There has been no change in the child's living conditions, and
• The child has proof of two consecutive blood lead test results that are each less than 10 mcg/dL (with at least one test at age 2 or older), a blood test is not needed at this time.

Test 1: Blood Lead Result ___mcg/dL Date _____ Test 2: Blood Lead Result ___mcg/dL Date _____

Please discuss any questions or concerns with your child's health care provider. For more information call:

Illinois Department of Public Health
Childhood Lead Poisoning Prevention Program
800-545-2200 or 217-782-0403
TTY (hearing impaired use only) 800-547-0466

Signature of Provider or Nurse

Date

Memorandum

Date: April 20, 2007

To: Lake Forest Pediatrics Physicians, Nurse Practitioners, Nursing Staff, Medical Records, Front Desk and Patient Educators

From: Bruce Steinhardt

RE: Childhood Lead Risk Assessment Questionnaire

The Illinois Childhood Lead Risk Assessment Questionnaire will be given to all parents for completion at the 9 months, 2 years, 3 years, 4 years, 5 years and 6 years check up appointment. The provider will then enter the data on the patient encounter and the lead questionnaire will be destroyed. The questionnaire will not be scanned. Please ask if you have any questions.