

Follow Up Lead Exposure Questionnaire

Date: _____

This questionnaire serves as a tool to show that appropriate control measures have been implemented per ARM 37.114.501. **The Montana Department of Public Health and Human Services requests this questionnaire be entered in MIDIS and/or faxed to the CD Epidemiology Section at 1-800-616-7460.**

Patient's Name (First, Last, MI): _____ DOB: _____ Sex (F, M) _____

Race (Circle all that apply): AI/AN Asian Black White NHPI Ethnicity Latino/Hispanic? (Circle one) Yes or No

Residential Address (physical): _____ City: _____ State: _____ Zip Code: _____

Ordering Physician Contacted? Yes No Unknown Date Completed: _____

If "Yes," re-testing has been scheduled. Yes No Unknown Date Completed: _____

If the patient is a child, do they attend a daycare? Yes No Unknown

Is the patient enrolled in Medicaid? Yes No Unknown

Is the patient a recipient of Women, Infants, and Children (WIC) Program Services? Yes No Unknown

Does the patient live in or visit a home, daycare or other building built before 1978 with peeling or chipping paint, or with recent or ongoing renovation or remodeling? Yes No Unknown

Does the patient live in a rental property? Yes No Unknown

Does the patient eat or chew on non-food items such as paint chips or dirt? Yes No Unknown

Is there a family member/friend who ever had an elevated blood level? Yes No Unknown

Should other household members be tested for elevated blood lead? Yes No Unknown

Additional people in the home that could be at risk _____

Is the patient a refugee, immigrant, or adopted from another country? Yes No Unknown

Country of Origin: _____ Country of last residence (if different): _____

Is the patient exposed to contamination from a parent, relative or friend with jobs or hobbies such as any of these? Please check all that apply.

<input type="radio"/> Pottery making	<input type="radio"/> Batteries	<input type="radio"/> Chemical preparation
<input type="radio"/> Lead smelting	<input type="radio"/> Lead-painted wood	<input type="radio"/> Valve and pipe fittings
<input type="radio"/> Welding	<input type="radio"/> Automotive repair	<input type="radio"/> Brass/copper foundry
<input type="radio"/> Making fishing weights	<input type="radio"/> Going to a firing range or reloading bullets	<input type="radio"/> Refinishing furniture
<input type="radio"/> House construction or repair		

Is the patient exposed to sources of lead in any of the following sources listed below? Please check all that apply.

- Drinking water (pre-1986 household plumbing/fixtures, components of older private wells, >20 yrs.)
- Imported or glazed pottery
- Food canned or packaged outside of the United States
- Traditional remedies or nutritional supplements other than vitamins

Potential lead exposures not already indicated: _____

If the exposure was identified through occupational medical monitoring, indicate the following:

Industry (e.g. mining) _____ Occupation (e.g. electrician) _____

Employer _____ Employer Contact Information _____