



Communicable Disease Epidemiology Section
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Follow Up Lead Poisoning Questionnaire

Date this questionnaire was completed: _____

The follow-up questions below serve as a tool to show that appropriate control measures have been implemented per [ARM 37.114.546](#). **The Montana Department of Public Health and Human Services requests that 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" has an appropriate re-testing schedule been determined. Yes No Unknown Date Completed: _____

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

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.

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

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: _____

Additional people in the home that could be at risk _____

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

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

Employer _____ Employer Contact Information _____