



Communicable Disease Epidemiology Section
 1400 Broadway
 PO BOX 202951
 Helena, Montana 59620
 Phone: 406-444-0273
 Fax: 1-800-616-7460

Follow-Up Lead Exposure Questionnaire

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 or faxed to the CD Epidemiology Section at 1-800-616-7460.**

Patient's Name: _____ DOB/Age: _____

Date: _____ Residential Address: _____

Ordering Physician Contacted?	Yes	No	Date: _____
If "Yes" has an appropriate re-testing schedule been determined?	Yes	No	
Enrolled in Medicaid?	Yes	No	
Recipient of Women, Infants, and Children (WIC) Program Services?	Yes	No	
Is this case associated with a day care facility?	Yes	No	

Exposure Questions	Answer	
	Yes	No
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?		
Does the patient live in a rental property?		
Does the patient eat or chew on non-food items such as paint chips or dirt?		
Does the patient have a family member or friend who has or did have an elevated blood lead level?		
Are there any other at-risk household members that would benefit from lead screening? If "Yes" please list names:		
Is the patient a refugee, immigrant or adopted from another country?		

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 | <input type="radio"/> Refinishing furniture |
| <input type="radio"/> House construction or repair | reloading bullets | |

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

- 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: _____
