

LEAD RISK ASSESSMENT

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Form filled out by: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

1. Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipping paint or that has been recently renovated?

YES NO

2. Does your child eat imported candies (such as Bolirindo, Chaca Chaca, Pelon Pelo Rico, Lucas Acidito, Tama Roca, Limon 7, or others)?

YES NO

3. Do you use imported, old, or homemade dishes or containers, such as clay pots, to serve, prepare or store food or drink?

YES NO

4. Does your family use items from foreign countries, such as crayons, dried fruit, dried herbs, teas, candles, seasonings?

YES NO

5. Do you or anyone else who lives with or cares for your child use home remedies such as Greta, Azarcon, Pay-loo-ah, or cosmetics such as Kohl or Surma?

YES NO

6. Does your child live with or frequently visit someone whose job or hobby may have contact with lead? (For example, painting, soldering, automobile battery manufacturing or recycling, vehicle radiator repair, auto painting, demolition or stained glass work?)

YES NO

7. Does your baby or child eat dirt, clay, or other non-food items, chew on windowsills or pick at chipped paint?

YES NO

8. Has your child moved to the United States from another country within the past year?

YES NO

9. Has your baby or child visited outside the United States within the past year?

YES NO

10. Does your child have a parent, brother, sister, housemate or playmate who is being treated or followed for lead poisoning or who has a blood lead level greater than 10 µg/dL?

YES NO

DR.:

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