

## Risk Assessment Questionnaire

Assessment Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

LEAD	YES	NO	UNSURE
Does the child live in or regularly visit a house/ apartment built before 1950? (This could include a daycare center, house of a sitter, or relative)			
Does the child live in or regularly visits a house/ apartment built before 1978 with recent or ongoing construction?			
Does the child have a sibling or playmate that has, or did have lead poisoning?			
Does your child live near or visit with someone who lives near a lead smelter, battery recycling plant or other industry that could release lead or has a hobby which uses lead such as welding, construction, or pottery making?			
Does your child frequently come in contact with an adult who works with lead? (construction, welding, pottery, ect)			
Have you ever been told that your child has low iron?			
Does your child live within 80 feet (or 1 block) of a heavily traveled road or street?			
Does your family use pottery ware or lead crystal for cooking, eating or drinking?			
Has your child been seen eating paint chips, crayons, or soil/ dirt?			
Is the child given any folk remedies that may contain lead (may include moonshine, Azarcon, Greta, Paylooh)?			
Does your homes plumbing have lead pipes or copper pipes with lead solder joints?			

TUBERCULOSIS	YES	NO	UNSURE
Has your child been in close contact with a person infected with tuberculosis?			
Does the child have HIV infection or considered at risk for HIV infection?			
Is your child foreign born (especially if born in Asia, Africa or Latin America) a refugee, or an immigrant?			
Does your child have a depressed immune system, either because of disease or treatment of disease?			
Does the child live in an established "high risk for tuberculosis" community or area?			
Is your child in contact with the following individuals? HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescent or adults, illicit drug users, or migrant farm workers?			

CHOLESTEROL	YES	NO	UNSURE
Does your child have risk factors for future coronary disease such as physical inactivity, obesity, or Diabetes?			
Is there a family history (parents or grandparents) of coronary or peripheral vascular disease below the age of 55?			
Is there a family history (parents or grandparents) of elevated blood cholesterol?			

**FAMILY HISTORY**  
 Are there any changes in your family history since your last visit?  
 If yes, explain.