



CHILDREN FIRST PEDIATRICS

ROCKVILLE, MD

SILVER SPRING, MD

LEAD PREVENTIVE SCREEN QUESTIONNAIRE

(6 MONTHS TO 6 YEARS)

Please circle Yes or No to each question

Patient Name: _____

DOB: _____ Date completed: _____

1. Has your child ever lived or stayed in a house or apartment that was built before 1978? (includes daycare center, preschool home, home of babysitter, etc). YES NO
2. Is anyone in the home being treated or followed for lead poisoning? YES NO
3. Are there any current renovations or peeling paint in a home that your child regularly visits? YES NO
4. Does your child lick, eat or chew things that are not food? YES NO
5. Is there any family member who is currently working in an occupation or hobby where lead exposure could occur? (auto mechanic, ceramics, commercial painter, etc?) YES NO