

# DELAWARE VALLEY PEDIATRIC ASSOCIATES, P.A.



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## LEAD RISK ASSESSMENT QUESTIONNAIRE

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

	Date		/ /		/ /		/ /		/ /	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<b>High Risk Exposure Factors</b>										
1. Does your child live in, or regularly visit a house with peeling or chipping paint, built before 1960? (This could include the home of a babysitter or relative, a daycare center or preschool, etc.)										
2. Does your child live in, or regularly visit a house built before 1960 with planned, recent (past 6 months) or ongoing renovation/remodeling activity?										
3. Does your child live with an adult whose job or hobby involves exposure to lead?										
4. Did your child have an elevated blood lead test (10ug/dL or higher) when last tested? (if no previous test, check "No.")										

**Other risk factors/comments:**