

**The Pediatric Specialists Medical Group**

**Lead Risk Assessment**

(Circle Yes or No)

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Yes No Does your child live in or regularly visit a house that was built before 1950? The question could apply to a facility such as a home or day-care or the home of a babysitter or relative.

Yes No Does your child live in or regularly visit a house built before 1978 with recent or on-going renovations or remodeling (within the last 6 months)?

Yes No Does your child have a sibling or playmate who has or did have lead poisoning?

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

(or Guardian)

6 Months: \_\_\_\_\_

1 Year: \_\_\_\_\_

2 Years: \_\_\_\_\_

3 Years: \_\_\_\_\_

4 Years: \_\_\_\_\_

5 Years: \_\_\_\_\_