### PEDIATRIC PATIENT INFORMATION

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### **Elevated Pediatric Blood Lead Questionnaire**

Name of patient:	Date of birth:	Gender:			
Erica B. Thomas	0810812006	М	k(F)		
Current residence:	Year constructed:	How long at I	this resid	lence?	
805 Camellia Ave.	2006	<u>2</u> yrs.	<u> </u>	os.	
Have you noticed any chipping/peeling/flaking/chall the home? (walls, overhangs, gutters, porches, gar windows/sills, doors/door frames, baseboards, floor	ages, sheds, play equipment,		No.		
Is the home used as a Family Day Care?		□ yes	DO NO		
Is the home located near heavily traveled roadways	?	yes	no		
Is the home located near an active smelter, recyclin release lead?	g plant, or other industry which ma	ey 🗆 yes	no		
Has the home or neighboring buildings undergone a repair?	ny recent renovation, remodeling c	or 🔲 yes	no		
Does the home have any old painted furniture (pure	hased prior to 1977)?	yes	no		
Do household members have any jobs or hobbies ware employment in building renovation, an auto bat sandblasting or painting, welding metal structures. making stained glass or pottery, and casting bullets	tery factory, highway bridge Hobbies include furniture refinishin	Ø	no		
Does the child have access to painted toys?		□ yes	no		
If so, have the parents observed the child i	mouthing the toys?	yes	no	N/A	
Has the parent/guardian observed the child mouthin	ng or chewing on newspaper?	□ yes	)Z[	,	
Are foods or liquids stored in antique pewter, importopen cans?	ted or old pottery, leaded crystal or	yes	) no		
Is there a fireplace in the residence?		yes	no		
If so, is newspaper or painted wood ever be	urned in the fireplace?	yes	no	N/A	
Have you ever seen your child eat dirt or paint chips	5?	☐ yes	no		
Does your child live in or regularly (once a week or a before 1978?	more) visit any house or building b	uilt yes	no		
Does your child live in or regularly visit any house o lead pipes, pipes with lead solder joints, or had met the last five years?	r bullding that has vinyl mini-blinds al pipes replaced or repaired within	yes	no		
Does your child have a mother, sibling or playmate	who has or did have lead poisoning	? 🔲 yes	NO NO		
Does your child play in loose soil, near a busy road obattery recycling plant, junk yard or lead smelter?	or near any industrial sites such as	yes	no no		
Has your child lived in a foster care home or in a co	untry other than the United States?	□ yes	no		
Is the child cared for in a group care environment or	utside of his/her home?	Ì			

## PEDIATRIC PATIENT INFORMATION

Child's Name:	ina De	nise	-R	andall		114105
Is your child taking a		liddle  ye:	no	If so, list:		Date of Birth
Is your child allergic to any medications?  yes no  If so, list:						
Does your child have any other allergies? Lyes no If so, list: Peanuts						
Does your child have	a history of the fo	llowing	problen	ns? (now or in the	e past)	
Does your child have a history of the following problems? (now or in the past)  Allergy, hay fever, or sinus problems Asthma, wheezing, or shortness of breath Bronchitis or pneumonia Chronic cough Vomiting or nausea, chronic Frequent ear infections Frequent throat infections, tonsillitis, or colds Hearing problems Convulsion, febrile seizure, or staring spells Head injury or concussion Dunusual clumsiness Excessive sweating Excessive thirst Growth problems or weight loss  Abdominal pain, chronic Bloody or tarry stools Constipation or diarrhea Constipation or diarrhea  Constipation or diarchea  Constipation or						
FAMILY HISTORY	Name	Age	Condi	tion of Health		Occupation
Mother	Marilyn	30		300d_	bak	kery mar
Father	Colby	32	exc	ellent	Corr	rosion ctrl
Siblings	Kaycee	7	ex	cellent		student
	Marcus	11	ex	cellent	_S	tudent
		_				
		_				

# **Elevated Pediatric Blood Lead Questionnaire**

Name of patient:	Date of birth:	Ge	ender:	
Jenna Kanaan	DL10412005	M	I (F)	
Current residence:	Year constructed:	How long at	this resid	lence?
2701 Sunny Brocks Dr.	<u>2004</u>	_ <u>_3</u> yrs	i. <u>.6</u> m	os.
J				
Have you noticed any chipping/peeling/flaking/chalking	paint or paint dust in and aro	und $\square$	W	
the home? (walls, overhangs, gutters, porches, garage windows/sills, doors/door frames, baseboards, floors, s	es, sneds, play equipment, stairs, railings, or in grass or so	_	no	
Is the home used as a Family Day Care?		/··/	M	
		yes	no	
Is the home located near heavily traveled roadways?		П		
		yes	no	
is the home located near an active smelter, recycling p	lant, or other industry which π	nay 🗌	P	
release lead?		yes	ПО	
Has the home or neighboring buildings undergone any repair?	recent renovation, remodeling			
		yes —	no	
Does the home have any old painted furniture (purchas	sed prior to 19//)?	yes	no	
Do household members have any jobs or hobbies which	involve lead? (Some evample	•		
are employment in building renovation, an auto battery	factory, highway bridge	Ø		
sandblasting or painting, welding metal structures. Hol making stained glass or pottery, and casting bullets.)	bbies include furniture refinishi	ng, yes	no	
Does the child have access to painted toys?				
Does the child have access to painted toys?		yes	no no	
If so, have the parents observed the child mou	ithing the toys?	, es		
	itting the toys:	yes	no	N/A
las the parent/guardian observed the child mouthing o	r chewing on newspaper?		$\square$	
		yes	по	
Are foods or liquids stored in antique pewter, imported	or old pottery, leaded crystal o	or 🗌		
open cans?		yes	no	
s there a fireplace in the residence?		$\square$		
		yes	ПО	
If so, is newspaper or painted wood ever burne	ed in the fireplace?			
		yes	no _/	N/A
lave you ever seen your child eat dirt or paint chips?		□ yes	no	
Does your child live in or regularly (once a week or mor	e) visit any house or building l			
pefore 1978?	e) visit any nouse or building t	yes <u>v</u>	□ no	
Does your child live in or regularly visit any house or bu	ilding that has vinvl mini-blind	is.	_	
ead pipes, pipes with lead solder joints, or had metal p	ipes replaced or repaired within	n yes	□ no	
he last five years?		·	/	
Does your child have a mother, sibling or playmate who	has or did have lead poisoning	-		
Ones your child play in longe coil, seek a busy road or -	one nou industrial aires and	yes	no	
Does your child play in loose soil, near a busy road or no pattery recycling plant, junk yard or lead smelter?	ear any industrial sites such as	s □ yes	no	
las your child lived in a foster care home or in a countr	v other than the United States	•		
,	, I and the office offices	yes	, no	
s the child cared for in a group care environment outsion	de of his/her home?	Q/		
		1/05		

## PEDIATRIC PATIENT INFORMATION

Child's Name:	Tim	Ellic	) t		acobs			3/2006
	Firs	t M	iddle —		Last		Date	of Birth
Is your c	hild taking a	ny medications?	yes	no	If so, list:			
Is your cl	hild allergic	to any medication	yes		If so, list:			
Does your child have any other allergies? $\sqrt[N]{g}$ If so, list: hay fever								
Does you	r child have	a history of the fo	llowing	proble	ms? (now or	in the past)		
Allergy	, hay fever, o	r sinus problems		☐ Abd	ominal pain,	chronic		
🔲 Asthma	, wheezing, d	or shortness of breat	th	☐ Bloc	ody or tarry s	tools		
☐ Bronch	itis or pneum	onia		☐ Con	stipation or o	diarrhea		
Chronic	cough			☐ Von	niting or naus	sea, chroni	С	
Freque	nt ear infectio	ons		_	mia			
☐ Freque	nt throat infe	ctions, tonsillitis, or	colds	☐ Eas	y bleeding or	bruising		
☐ Hearing	problems			Sick	le cell trait o	r disease		
☐ Heart n	nurmur or oth	ner heart problems		☐ Chic	kenpox			
☐ Convul	sion, febrile s	eizure, or staring sp	ells	☐ Mea	sles			
☐ Head in	ijury or concu	ission		□ Ехр	osure to tube	erculosis		
Unusua	l clumsiness			☐ Fred	quent unexpl	ained fever		
☐ Eating	problems				ormity or swe			
☐ Excessi	ve sweating				ary tract or l	_		
☐ Excessi	ve thirst			☐ Fred	quent or pain	ful urinatio	n	
☐ Growth problems or weight loss ☐ Eczema or other skin problems								
FAMILY	HISTORY	Name	Age	Cond	dition of Hea	alth	Occupat	ion
Mother		Tanya	28	0	good	COL	cosion	control
Father		Jerry	29	1 6	rood		CPA	
Siblings		Madison	9	,	no od		studer	1+
			·	(	<u> </u>			

# **Elevated Pediatric Blood Lead Questionnaire**

Name of patient:	Date of birth:	Gé	ender:	
Tim Jacobs	06/03/2006	(N	) / =	
Current residence;		س How long at	r / F this resi	dence
1334 W. Peach St.	1998		. <u>3</u> m	
			" <u></u> "	105.
Have you noticed any chlppling/peeling/flaking/chalk the home? (walls, overhangs, gutters, porches, gard windows/sills, doors/door frames, baseboards, floors	ages, sheds, play equipment		ho	
Is the home used as a Family Day Care?		☐ yes	IZ no	
Is the home located near heavily traveled roadways?		yes	e	
Is the home located near an active smelter, recycling release lead?	plant, or other industry which ma	y 🔲	No.	
Has the home or neighboring buildings undergone ar repair?	ny recent renovation, remodeling or	)	no	
Does the home have any old painted furniture (purch	nased prior to 1977)?	yes	<b>⊠</b> no	
Do household members have any jobs or hobbles wh are employment in building renovation, an auto batte sandblasting or painting, welding metal structures. I making stained glass or pottery, and casting builets.)	ery <b>factory, highway bridge</b> Hobbies include <b>furniture refinishin</b> g	l, yes	? D=	
Does the child have access to painted toys?		<b>⊠</b> yes	no	
If so, have the parents observed the child m	nouthing the toys?	(2) yes	no	□ N/A
Has the parent/guardian observed the child mouthing	or chewing on newspaper?	yes	<b>₩</b>	
Are foods or liquids stored in antique pewter, importe open cans?	ed or old pottery, leaded crystal or	yes	<b>□</b> no	
Is there a fireplace in the residence?		yes	no	
If so, is newspaper or painted wood ever but	rned in the fireplace?	yes	X no	□ N/A
Have you ever seen your child eat dirt or paint chips?		yes	₩ no	
Does your child live in or regularly (once a week or m before 1978?	nore) visit any house or building bui	lt 🔯 yes		
Does your child live in or regularly visit any house or ead pipes, pipes with lead solder joints, or had metal the last five years?	building that has vinyl mini-blinds, pipes replaced or repaired within	☐ yes	<b>∑</b> no	
Does your child have a mother, sibling or playmate w	ho has or dld have lead polsoning?	yes	)X no	
Does your child play in loose soll, near a busy road or pattery recycling plant, junk yard or lead smelter?	near any industrial sites such as	yes	<b>K</b> )	
las your child lived in a foster care home or in a cour	ntry other than the United States?	yes	XI no	
s the child cared for in a group care environment out	side of his/her home?	<b>K</b> O		