PEDIATRIC PATIENT INFORMATION

Child's Name:	Erica (First)	Breanne (Middle)	Thomas (Last)	8/8/2006 (Date of Birth)

Is your child taking any medications? ☐ yes ☒ no If so, list:

Is your child allergic to any medications? ☒ yes ☐ no If so, list: Sulpha-based medications

Does your child have any other allergies? ☐ yes ☒ no If so, list:

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
- ☐ Frequent ear infections
- ☐ Frequent throat infections, tonsillitis, or colds
- ☐ Hearing problems
- ☐ Heart murmur or other heart problems
- ☐ Convulsion, febrile seizure, or staring spells
- ☒ Head injury or concussion
- ☐ Unusual clumsiness
- ☐ Eating problems
- ☐ Excessive sweating
- ☐ Excessive thirst
- ☐ Growth problems or weight loss
- ☐ Abdominal pain, chronic
- ☐ Bloody or tarry stools
- ☐ Constipation or diarrhea
- ☐ Vomiting or nausea, chronic
- ☐ Anemia
- ☐ Easy bleeding or bruising
- ☐ Sickle cell trait or disease
- ☐ Chickenpox
- ☐ Measles
- ☐ Exposure to tuberculosis
- ☐ Frequent unexplained fever
- ☐ Deformity or swelling of limbs
- ☒ Urinary tract or bladder infections
- ☐ Frequent or painful urination
- ☐ Eczema or other skin problems

FAMILY HISTORY	Name	Age	Condition of Health	Occupation
Mother	Jasmine	29	great	teacher
Father	Darron	31	great	shop supervisor
Siblings	(none)			

Elevated Pediatric Blood Lead Questionnaire

Name of patient: Erica B. Thomas

Date of birth: 08/08/2006

Gender: M (F)

Current residence: 805 Camellia Ave.

Year constructed: 2006

How long at this residence? 2 yrs. 4 mos.

Have you noticed any chipping/peeling/flaking/chalking paint or paint dust in and around the home? (walls, overhangs, gutters, porches, garages, sheds, play equipment, windows/sills, doors/door frames, baseboards, floors, stairs, railings, or in grass or soil)	☐ yes	☒ no	
Is the home used as a Family Day Care?	☐ yes	☒ no	
Is the home located near heavily traveled roadways?	☒ yes	☐ no	
Is the home located near an active smelter, recycling plant, or other industry which may release lead?	☐ yes	☒ no	
Has the home or neighboring buildings undergone any recent renovation, remodeling or repair?	☐ yes	☒ no	
Does the home have any old painted furniture (purchased prior to 1977)?	☐ yes	☒ no	
Do household members have any jobs or hobbies which involve lead? (Some examples are employment in building renovation, an auto battery factory, highway bridge sandblasting or painting, welding metal structures. Hobbies include furniture refinishing, making stained glass or pottery, and casting bullets.)	☒ yes	☐ no	
Does the child have access to painted toys?	☐ yes	☒ no	
If so, have the parents observed the child mouthing the toys?	☐ yes	☐ no	☒ N/A
Has the parent/guardian observed the child mouthing or chewing on newspaper?	☐ yes	☒ no	
Are foods or liquids stored in antique pewter, imported or old pottery, leaded crystal or open cans?	☐ yes	☒ no	
Is there a fireplace in the residence?	☐ yes	☒ no	
If so, is newspaper or painted wood ever burned in the fireplace?	☐ yes	☐ 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 more) visit any house or building built before 1978?	☒ yes	☐ no	
Does your child live in or regularly visit any house or building that has vinyl mini-blinds, lead pipes, pipes with lead solder joints, or had metal pipes replaced or repaired within the last five years?	☒ yes	☐ no	
Does your child have a mother, sibling or playmate who has or did have lead poisoning?	☐ yes	☒ no	
Does your child play in loose soil, near a busy road or near any industrial sites such as battery recycling plant, junk yard or lead smelter?	☐ yes	☒ no	
Has your child lived in a foster care home or in a country other than the United States?	☐ yes	☒ no	
Is the child cared for in a group care environment outside of his/her home?	☒ yes	☐ no	

PEDIATRIC PATIENT INFORMATION

Child's Name:	Jenna (First)	Denise (Middle)	Randall (Last)	1/4/05 (Date of Birth)

Is your child taking any medications? ☐ yes ☑ no If so, list:

Is your child allergic to any medications? ☐ yes ☑ no If so, list:

Does your child have any other allergies? ☑ yes ☐ no If so, list: peanuts

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
- ☐ Frequent ear infections
- ☐ Frequent throat infections, tonsillitis, or colds
- ☐ Hearing problems
- ☐ Heart murmur or other heart problems
- ☐ Convulsion, febrile seizure, or staring spells
- ☐ Head injury or concussion
- ☐ Unusual clumsiness
- ☐ Eating problems
- ☐ Excessive sweating
- ☐ Excessive thirst
- ☐ Growth problems or weight loss
- ☐ Abdominal pain, chronic
- ☐ Bloody or tarry stools
- ☑ Constipation or diarrhea
- ☐ Vomiting or nausea, chronic
- ☐ Anemia
- ☐ Easy bleeding or bruising
- ☐ Sickle cell trait or disease
- ☐ Chickenpox
- ☐ Measles
- ☐ Exposure to tuberculosis
- ☐ Frequent unexplained fever
- ☐ Deformity or swelling of limbs
- ☐ Urinary tract or bladder infections
- ☐ Frequent or painful urination
- ☐ Eczema or other skin problems

FAMILY HISTORY	Name	Age	Condition of Health	Occupation
Mother	Marilyn	30	good	bakery mgr
Father	Colby	32	excellent	corrosion ctrl
Siblings	Kaycee	7	excellent	student
	Marcus	11	excellent	Student

Elevated Pediatric Blood Lead Questionnaire

Name of patient: Jenna Randall

Date of birth: 01/04/2005

Gender: M (F)

Current residence: 2701 Sunny Brooks Dr.

Year constructed: 2004

How long at this residence? 3 yrs. 6 mos.

Have you noticed any chipping/peeling/flaking/chalking paint or paint dust in and around the home? (walls, overhangs, gutters, porches, garages, sheds, play equipment, windows/sills, doors/door frames, baseboards, floors, stairs, railings, or in grass or soil)	☐ yes	☑ no	
Is the home used as a Family Day Care?	☐ yes	☑ no	
Is the home located near heavily traveled roadways?	☐ yes	☑ no	
Is the home located near an active smelter, recycling plant, or other industry which may release lead?	☐ yes	☑ no	
Has the home or neighboring buildings undergone any recent renovation, remodeling or repair?	☐ yes	☑ no	
Does the home have any old painted furniture (purchased prior to 1977)?	☑ yes	☐ no	
Do household members have any jobs or hobbies which involve lead? (Some examples are employment in building renovation, an auto battery factory, highway bridge sandblasting or painting, welding metal structures. Hobbies include furniture refinishing, making stained glass or pottery, and casting bullets.)	☑ yes	☐ no	
Does the child have access to painted toys?	☐ yes	☑ no	
If so, have the parents observed the child mouthing the toys?	☐ yes	☐ no	☑ N/A
Has the parent/guardian observed the child mouthing or chewing on newspaper?	☐ yes	☑ no	
Are foods or liquids stored in antique pewter, imported or old pottery, leaded crystal or open cans?	☐ yes	☑ no	
Is there a fireplace in the residence?	☑ yes	☐ no	
If so, is newspaper or painted wood ever burned in the fireplace?	☐ yes	☑ 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 more) visit any house or building built before 1978?	☑ yes	☐ no	
Does your child live in or regularly visit any house or building that has vinyl mini-blinds, lead pipes, pipes with lead solder joints, or had metal pipes replaced or repaired within the last five years?	☑ yes	☐ no	
Does your child have a mother, sibling or playmate who has or did have lead poisoning?	☐ yes	☑ no	
Does your child play in loose soil, near a busy road or near any industrial sites such as battery recycling plant, junk yard or lead smelter?	☐ yes	☑ no	
Has your child lived in a foster care home or in a country other than the United States?	☐ yes	☑ no	
Is the child cared for in a group care environment outside of his/her home?	☑ yes	☐ no	

PEDIATRIC PATIENT INFORMATION

Child's Name:	Tim (First)	Elliot (Middle)	Jacobs (Last)	06/03/2006 (Date of Birth)

Is your child taking any medications?	☐ yes	☒ no	If so, list:
Is your child allergic to any medications?	☐ yes	☒ no	If so, list:
Does your child have any other allergies?	☒ yes	☐ no	If so, list: hay fever

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
- ☒ Frequent ear infections
- ☐ Frequent throat infections, tonsillitis, or colds
- ☐ Hearing problems
- ☐ Heart murmur or other heart problems
- ☐ Convulsion, febrile seizure, or staring spells
- ☐ Head injury or concussion
- ☐ Unusual clumsiness
- ☐ Eating problems
- ☐ Excessive sweating
- ☐ Excessive thirst
- ☐ Growth problems or weight loss
- ☐ Abdominal pain, chronic
- ☐ Bloody or tarry stools
- ☐ Constipation or diarrhea
- ☐ Vomiting or nausea, chronic
- ☐ Anemia
- ☐ Easy bleeding or bruising
- ☐ Sickle cell trait or disease
- ☐ Chickenpox
- ☐ Measles
- ☐ Exposure to tuberculosis
- ☐ Frequent unexplained fever
- ☐ Deformity or swelling of limbs
- ☐ Urinary tract or bladder infections
- ☐ Frequent or painful urination
- ☐ Eczema or other skin problems

FAMILY HISTORY	Name	Age	Condition of Health	Occupation
Mother	Tanya	28	good	corrosion control
Father	Jerry	29	good	CPA
Siblings	Madison	9	good	student

Elevated Pediatric Blood Lead Questionnaire

Name of patient: Tim Jacobs

Date of birth: 06/03/2006

Gender: (M) / F

Current residence: 1334 W. Peach St.

Year constructed: 1998

How long at this residence? 2 yrs. 3 mos.

Have you noticed any chipping/peeling/flaking/chalking paint or paint dust in and around the home? (walls, overhangs, gutters, porches, garages, sheds, play equipment, windows/sills, doors/door frames, baseboards, floors, stairs, railings, or in grass or soil)	☐ yes	☒ no	
Is the home used as a Family Day Care?	☐ yes	☒ no	
Is the home located near heavily traveled roadways?	☐ yes	☒ no	
Is the home located near an active smelter, recycling plant, or other industry which may release lead?	☐ yes	☒ no	
Has the home or neighboring buildings undergone any recent renovation, remodeling or repair?	☒ yes	☐ no	
Does the home have any old painted furniture (purchased prior to 1977)?	☐ yes	☒ no	
Do household members have any jobs or hobbies which involve lead? (Some examples are employment in building renovation, an auto battery factory, highway bridge sandblasting or painting, welding metal structures. Hobbies include furniture refinishing, making stained glass or pottery, and casting bullets.)	☐ yes	? ☒ no	
Does the child have access to painted toys?	☒ yes	☐ no	
If so, have the parents observed the child mouthing the toys?	☒ yes	☐ no	☐ N/A
Has the parent/guardian observed the child mouthing or chewing on newspaper?	☐ yes	☒ no	
Are foods or liquids stored in antique pewter, imported or old pottery, leaded crystal or open cans?	☐ yes	☒ no	
Is there a fireplace in the residence?	☒ yes	☐ no	
If so, is newspaper or painted wood ever burned in the fireplace?	☐ yes	☒ 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 more) visit any house or building built before 1978?	☒ yes	☐ no	
Does your child live in or regularly visit any house or building that has vinyl mini-blinds, lead pipes, pipes with lead solder joints, or had metal pipes replaced or repaired within the last five years?	☐ yes	☒ no	
Does your child have a mother, sibling or playmate who has or did have lead poisoning?	☐ yes	☒ no	
Does your child play in loose soil, near a busy road or near any industrial sites such as battery recycling plant, junk yard or lead smelter?	☐ yes	☒ no	
Has your child lived in a foster care home or in a country other than the United States?	☐ yes	☒ no	
Is the child cared for in a group care environment outside of his/her home?	☒ yes	☐ no	