

Ponderosa Pediatrics - Lead & Tb Questionnaire (6 months - 7 years)

Today's Date: _____

Patient's Name: _____ Date of Birth: _____

Please answer the following questions to help us determine if your child needs a special blood test for lead.

Does your child:

1. Live in or regularly visit a house with peeling or chipping paint built before 1978? This includes daycare centers, preschool areas, babysitters' homes, etc... YES___ NO___ Don't Know___

2. Does your child have a brother or sister, housemate or playmate that is being treated for lead poisoning? YES___ NO___ Don't Know___

3. Does your child live with an adult (or have frequent contact with an adult) whose job or hobby involves exposure to lead (construction, welding, pottery, ceramics, brass or copper foundry, automotive repair shop)? YES___ NO___ Don't Know___

4. Do you or your relatives use Mexican or other imported pottery for serving or cooking? YES___ NO___ Don't Know___

5. Does your child live near a lead smelter, battery recycling plant, foundry or factory that makes valve and pipe fittings, pottery, chemical and chemical preparations, ceramics, industrial machinery and equipment? YES___ NO___ Don't Know___

6. Do you give your child any home or folk or traditional medicines? Have you taken your child to a sobadora? Has your child had a stomach ailment? YES___ NO___ Don't Know___

7. Does your child live near a heavily traveled highway? YES___ NO___ Don't Know___

8. Does your home have lead pipes or pipes with lead joints? YES___ NO___ Don't Know___

9. Does your child eat candies from Mexico or tamarind candies? YES___ NO___ Don't Know___

(Over)

Please answer the following questions to help us determine if your child needs a special test for tuberculosis.

1. TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know:

- has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?

YES___ NO___ Don't Know___

2. Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?

YES___ NO___ Don't Know___

3. Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks?

YES___ NO___ Don't Know___

If so, specify which country/countries? _____

4. To your knowledge has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?

YES___ NO___ Don't Know___

Has your child been tested for TB? YES___(specify date_____)
NO___

Has your child ever had a positive TB skin Test?
NO___ YES___(specify date_____)

Please initial for each time questionnaire is **reviewed**.

Date	Initials

Date	Initials

Date	Initials