

Healthy Roots Pediatrics  
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Lead Poisoning Risk Assessment

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Does your child:**

1. Live in or regularly visit a house with peeling or chipping paint? YES \_\_\_ NO \_\_\_
2. Live in or regularly visit a house built prior to 1960? YES \_\_\_ NO \_\_\_
3. Live in or regularly visit a house built prior to 1978 with ongoing or planned renovation or remodeling? YES \_\_\_ NO \_\_\_
4. Have a brother, sister, or housemate being treated for lead poisoning? YES \_\_\_ NO \_\_\_
5. Live with, or is in frequent contact with, an adult who works with lead such as construction, welding, pottery, auto repair or artist paint? YES \_\_\_ NO \_\_\_
6. Live near an active lead smelter, battery recycling plant or lead industry Likely to release lead? YES \_\_\_ NO \_\_\_
7. Have a history of elevated lead levels? YES \_\_\_ NO \_\_\_
8. Does your home's plumbing have lead or copper pipes with lead solder joints and/or are you aware of any lead contamination in your water supply from out dated plumbing? YES \_\_\_ NO \_\_\_
9. Live near a heavily traveled major highway where soil and dust may be contaminated with lead? YES \_\_\_ NO \_\_\_
10. Has your child been given any home remedies containing lead? Home remedies containing lead include azarcon (also known as rueda, coral, Maria Luisa, alarcon, or liga), albayalde, greta, pay-loo-ah, ghasard, bala goli, kandu, litargirio, bebetina and chyawan prash. YES \_\_\_ NO \_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_