

Form Pb-110 Risk Assessment for Lead Exposure

NOTES to Healthcare Provider:

- **This risk assessment questionnaire replaces, and should be used in place of, the Abbreviated and the Detailed Parent Questionnaires. Questions appear on reverse.**
- **The risk assessment questionnaire is designed to be administered to the parent by the provider. Questions are provided in English along with Spanish versions to assist with Spanish speaking parents.**

Instructions:

- Medicaid requires a blood lead test at **12 months** and **24 months** for all Texas Health Steps patients. This questionnaire may be used with any child, whether or not enrolled in Texas Health Steps.
- At any visit, you may choose to perform a blood lead test rather than use the risk assessment questionnaire.
- At any visit after 12 months of age, you must administer a blood lead test if there is no evidence of a previous blood lead test for the patient.
- Refer to the table below for scheduling use of the risk assessment questionnaire.
- A “yes” or “don’t know” answer to any question on the risk assessment questionnaire indicates that a blood lead test should be administered.

Child’s Age	Parent Questionnaire	Blood Lead Test
6 months	YES	
12 months		YES
15 months	YES	
18 months	YES	
24 months		YES
3, 4, 5, and 6 years	YES	



For more information, contact the Texas Childhood Lead Poisoning Prevention Program at:

1-800-588-1248

<http://www.dshs.state.tx.us/lead>

Fax completed form to 512-458-7699, or mail to the address below.

Texas Childhood Lead Poisoning Prevention Program
Epidemiology & Surveillance Unit • Texas Department of State Health Services
1100 West 49th St. • Austin, TX 78756-3199

Patient's Name:	DOB:	Medicaid #:
Provider's Name:	Administered by:	Date:

Parent Questionnaire

Yes	Don't know	No

- Does your child live in or often visit a home, daycare facility or other building
 - that was probably built before 1978?
 - with ongoing repairs or remodeling?
- Does your child eat or chew on non-food things like paint chips or dirt?
- Does your child have a family member or playmate who has or has had lead poisoning?
- Is your child frequently exposed to any of the following (if YES, check all that apply):

Perform a Blood Lead Test

Contamination from a parent, relative, or friend with jobs or hobbies like these?

- | | | |
|---|---|--|
| <input type="checkbox"/> Radiator repair | <input type="checkbox"/> House construction or repair | <input type="checkbox"/> Chemical preparation |
| <input type="checkbox"/> Pottery making | <input type="checkbox"/> Battery manufacture or repair | <input type="checkbox"/> Valve and pipe fittings |
| <input type="checkbox"/> Lead smelting | <input type="checkbox"/> Burning lead-painted wood | <input type="checkbox"/> Brass/copper foundry |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Automotive repair shop or junkyard | <input type="checkbox"/> Refinishing furniture |
| <input type="checkbox"/> Making fishing weights | <input type="checkbox"/> Going to a firing range or reloading bullets | <input type="checkbox"/> Other: |

Sources of lead in food and remedies?

- | | |
|--|---|
| <input type="checkbox"/> Imported or glazed pottery such as a Mexican bean pot | <input type="checkbox"/> Foods canned or packaged outside the U.S. |
| <input type="checkbox"/> Imported candy, (like Chaca Chaca) especially from Mexico | <input type="checkbox"/> Remedies such as greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, rueda |
| <input type="checkbox"/> Nutritional pills other than vitamins | |
| <input type="checkbox"/> Other: | |

Cuestionario de Padre

Sí	No lo se	No

- ¿Vive su hijo(a) en o visita frecuentemente una casa, centro de guardería u otro edificio
 - que probablemente haya sido construida antes de 1978?
 - que está siendo pintada, remodelada, o en la que están pelando o lijando la pintura?
- ¿Su hijo(a) come o mastica cosas que no son comida, como pedazos de pintura o tierra?
- Han tenido parientes o compañeritos de juego de su hijo(a) altos niveles de plomo en la sangre?
- Ha sido expuesto frecuentemente su hijo(a) a cualquier de los siguientes (si Sí, marque todos que apliquen):

Le haga al niño una prueba de plomo en el sangre

Contaminación de un padre, pariente, o amigo con trabajos o pasatiempos como estas?

- | | | |
|---|--|---|
| <input type="checkbox"/> Reparación de radiadores | <input type="checkbox"/> Construcción o reparación de casas | <input type="checkbox"/> Preparación de químicos |
| <input type="checkbox"/> Fabricación de cerámica | <input type="checkbox"/> Fabricación o reparación de baterías | <input type="checkbox"/> Partes sueltas para tubos de cañerías y válvulas |
| <input type="checkbox"/> Industria del plomo | <input type="checkbox"/> Quema de madera pintada con plomo | <input type="checkbox"/> Fundición de latón/cobre |
| <input type="checkbox"/> Soldadura | <input type="checkbox"/> Taller mecánico para autos o lote de chatarra | <input type="checkbox"/> Terminado de muebles |
| <input type="checkbox"/> Fabricación de pesas para pescar | <input type="checkbox"/> Ir a un campo de tiro o recargar balas | <input type="checkbox"/> Otros: |

Fuentes de plomo en comidas y remedios?

- Productos de cerámica importada o con recubrimiento de barniz, como una olla para frijoles de México
- Productos enlatados o empacados fuera de los Estados Unidos
- Dulces importados, (como Chaca Chaca) especialmente de México
- Remedios tradicionales como greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, rueda
- Píldoras alimenticias con excepción de las vitaminas
- Otros:

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