

**Ashland  
Children's  
Clinic, P.S.C.**

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## **Pediatric Lead Risk Assessment**

*Revised 2-28-06*

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

| <b><i>Does your child:</i></b>   | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| Live in or regularly visit a house with peeling or chipped paint built before 1960? (Includes day care, preschool, baby sitters, relatives, etc.)                      |            |           |
| Live in or regularly visit a house built before 1960 with recent, ongoing, or planned remodeling   |            |           |
| Take any home or folk remedies which may contain lead; eat or drink from pottery or dishes which are homemade or made in another country that may contain lead         |            |           |
| Have a brother, sister, housemate, or playmate being followed or treated for lead poisoning (blood lead level 15 mcg/dl or more)                                       |            |           |
| Live with, or have frequent contact with, an adult whose job or hobby (lead batteries, firing range, chemicals, bridge/highway construction) involves exposure to lead |            |           |
| Live near an active lead smelter, battery recycling plant, or other industry where dust and soil may be contaminated with lead   |            |           |

Parent/guardian completing form: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_