

Londonderry Pediatrics Lead Risk Assessment

Patient Name: _____ Date of Birth: _____

Today's Date _____

Please read the questions and circle the answer that applies to your child.

- 1) Does your child live in or regularly visit a house or child care facility built before 1950?

YES NO Don't Know

- 2) Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been renovated or remodeled?

YES NO Don't Know

- 3) Does your child have a sibling or playmate that has or did have lead poisoning?

YES NO Don't Know

- 4) Is your child enrolled in Healthy Kids Gold?

YES NO Don't Know

- 5) Is your child enrolled in the WIC program?

YES NO Don't Know

- 6) Does your child attend daycare in Massachusetts?

YES NO Don't Know

Name of parent/guardian

Relationship

Please bring the completed form to your child's well visit. Thank you.