

# WILDFLOWER PEDIATRICS

## TB & Lead Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### LEAD

*Does your child.....*

	Yes or don't know ( )	No ( )
1. Live in or regularly visit a house or daycare with peeling or chipping paint built before 1978?	( )	( )
2. Live in or regularly visit a house built before 1978 with recent, ongoing, or planned renovation or remodeling?	( )	( )
3. Have a family member or friend currently or recently been treated for lead poisoning?	( )	( )
4. Come in contact with an adult whose job or hobby involves lead exposure? (ex: Construction, Piping, Pottery, Welding, Automotive repairs, Firing range or reloading bullets.)	( )	( )
5. Live near an active lead smelter, battery recycling plant, or other industry likely to release lead?	( )	( )
6. Family use products from other countries such as pottery, health remedies, spices, or food?	( )	( )

### TB

	Yes or Don't Know ( )	No ( )
1. Has anyone in your family had Tuberculosis?	( )	( )
2. Do you know of any situation where your child was around an adult who has been diagnosed or suspected of having TB?	( )	( )
3. Was your child born in or has your child visited a foreign country where there are many confirmed cases of TB? If yes, which country? _____	( )	( )
4. TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, cough, hoarseness, or coughing up blood. Has your child been around anyone who has these symptoms? Has your child had any of these symptoms?	( ) ( )	( ) ( )
5. To your knowledge, has your child had contact with anyone who has been an intravenous (IV) drug user? HIV Infected? In Jail/Prison? Recently moved to the US from a foreign country?	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )

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

Office use only:

Plan: \_\_\_\_\_ No PPD Test \_\_\_\_\_ PPD Test \_\_\_\_\_ No Lead Test \_\_\_\_\_ Lead Test