Horizon

Horizon Blue Cross Blue Shield of New Jersey

# Physician Lead Advisory Committee Lead Risk Assessment Questionnaire

**Horizon NJ Health**

1700 American Blvd.
Pennington, NJ 08534
Phone: **1-800-682-9091**

Child's name: _____ Date of birth: _____

| **High Risk Exposure Factors 6 months - 6 years** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Does Your Child: ("yes" or "I don't know" to any question = high risk) | / | / | / | / | / | / | / | / |
| 1. Live in or regularly visit a house with peeling or chipping paint built before 1978? This could include the home of a baby-sitter or relative, a daycare center or preschool. | Yes | No | Yes | No | Yes | No | Yes | No |
| 2. Live in or regularly visit a house built before 1978 with planned, recent (within the past year) or ongoing renovation/remodeling activity? | | | | | | | | |
| 3. Have a brother or sister, a playmate or other household member with a confirmed elevated blood level? | | | | | | | | |
| 4. Receive home or folk remedies that may contain lead? | | | | | | | | |
| 5. Live near an active lead smelter, battery recycling plant, or other industry likely to release lead or live with an adult whose job or hobby involes lead? | | | | | | | | |
| 6. Have a history of possible prenatal exposure to lead (child's mother had elevated blood lead during pregnancy)? | | | | | | | | |
| 7. Have iron deficiency anemia, sickle cell disease, developmental delay or behavioral problems? | | | | | | | | |
| 8. Have a habit of eating dirt, paint chips, or other non-food items? | | | | | | | | |
| 9. Have excessive mouthing habits that are not age appropriate? | | | | | | | | |
| 10. Have an elevated blood lead test 5 ug/dl or higher when last tested? | | | | | | | | |

**Lead prevention education and/or lead poisoning intervention material given to parent ☐ Yes ☐ No**

## Screening Schedule

| Age | Risk Status | Blood Lead | Hgb/Hct | Follow Up |
|---|---|---|---|---|
| 6 Months | Low Risk | No | No | |
| Date: _____ | High Risk | Yes _____ ug/dl | Yes _____ g/dl _____% | ☐ Yes ☐ No |
| 12 Months | Low Risk | Yes _____ ug/dl | Yes _____ g/dl _____% | ☐ Yes ☐ No |
| Date: _____ | High Risk | Yes _____ ug/dl | Yes _____ g/dl _____% | ☐ Yes ☐ No |
| 18 Months | Low Risk | No | No | |
| Date: _____ | High Risk | Yes _____ ug/dl | Yes _____ g/dl _____% | ☐ Yes ☐ No |
| 24 Months | Low Risk | Yes _____ ug/dl | Yes _____ g/dl _____% | ☐ Yes ☐ No |
| Date: _____ | High Risk | Yes _____ ug/dl | Yes _____ g/dl _____% | ☐ Yes ☐ No |

3 years _____
4 years _____
5 years _____
6 years _____

Low Risk - Screen if previous blood lead and H&H status is not known
High Risk - Re-screen yearly and add H&H

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