



Verbal Risk Assessment for Lead Toxicity

New Jersey Department of Health requires that care providers perform verbal risk assessments for lead toxicity at every periodic visit for children ages 6 months to 72 months. You'll find more information on the state requirements at nj.gov/childhoodlead > Testing. These questions are from the state and requirements are subject to change. Please attach this form to the patient's medical chart.

Member Name: _____ **DOB:** _____ **ID#** _____

Dates of Verbal Risk Assessment								
	Yes	No	Yes	No	Yes	No	Yes	No
Does your child live in or regularly visit a house built before 1978?								
Does the house have chipping or peeling paint?								
Was your child's day care center/preschool/babysitter's home built before 1978?								
Does the house have chipping or peeling paint?								
Does your child live in or regularly visit a house built before 1978 with recent, ongoing or planned renovation or remodeling?								
Have any of your children or their playmates had lead poisoning?								
Does your child frequently come in contact with an adult who works with lead? Examples include construction, welding, pottery or other trades practiced in your community.								
Do you give your child home or folk remedies that may contain lead?								

Member Name: _____ DOB: _____ ID# _____

Recommended Screening Schedule

Age	Risk Status	Blood Lead	Hgb/Hct (H&H)
6 Months	Low Risk	Not recommended	Not recommended
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%
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12 Months	Low Risk	Yes _____ ug/dl	Yes _____ g/dl _____%
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%
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18 Months	Low Risk	Not recommended	Not recommended
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%
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24 Months	Low Risk	Yes _____ ug/dl	Yes _____ g/dl _____%
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%

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

Signature of care provider _____