

**Need logo's Missouri Healthy Children and Youth Lead Risk Questionnaire
For Children Ages Birth to 72 months**

Child's Name: _____ MO HEALTHNET #: _____ INSURANCE #: _____

Date of Birth: _____ Age: _____ Today's Date: _____

PROVIDER NAME/Title :	ADDRESS:	PROVIDER PHONE:
PARENT/GUARDIAN:	ADDRESS:	PHONE:
PRIMARY CARE PROVIDER if other than provider listed above:	ADDRESS:	PHONE:

Circle the appropriate answer: Any response of yes or unknown requires immediate capillary or venous blood lead testing.* (See Reverse)

RESPONSE

- | | | | |
|---|----|-----|---------|
| 1. Have siblings, housemates, or playmates with lead poisoning (lead levels of 5 mcg/dL or higher) | No | Yes | Unknown |
| 2. Live in or visit a home or daycare built before 1978 with old deteriorated paint or remodeling in the last 6 months? | No | Yes | Unknown |
| 3. Mouth or eat non-food items such as dirt, crayons, paper, keys, etc.? | No | Yes | Unknown |
| 4. Play in bare soil, reside in areas near lead tailings piles, or near smelting or battery recycling plants, large airports, or other industry likely to release lead? (see chart below.) | No | Yes | Unknown |
| 5. Resides with an individual that works with or has hobbies using lead? (see chart below.) | No | Yes | Unknown |
| 6. Receive or use cultural medicines, cultural make-up, or folk remedies? (see chart below.) | No | Yes | Unknown |
| 7. Been adopted from, lived in, or visited another country within the last 6 months? | No | Yes | Unknown |
| 8. Spends more than 10 hours a week in a high risk area – annual lead test required. (www.health.mo.gov/living/environment/lead/index.php) | No | Yes | Unknown |
| 9. Age of child is: | | | |
| a. Less than 12 months old and birth mother has a history of elevated lead levels. | No | Yes | Unknown |
| b. 12 months and is enrolled in MO HealthNet, or older than 12 months and not yet tested. (Lead test required.) | No | Yes | Unknown |
| c. 24 months and is enrolled in MO HealthNet, or older than 24 months and not tested since age 12 months. (Lead test required.) | No | Yes | Unknown |

COMMON LEAD EXPOSURE SOURCES			
OCCUPATIONS	HOBBIES/ACTIVITIES	CULTURAL MEDICINES & COSMETICS	ENVIRONMENTAL/MISCELLANEOUS
Auto repair, mechanics Battery or plastic manufacturers Lead miners, smelters, and refiners Plumbers, pipe fitters Brass/copper foundry Industrial machinist Steel welders/cutters Construction workers Bridge reconstruction workers Building demolition	Home remodeling Target shooting at firing ranges Preparing lead shot, bullets, or fishing sinkers Lead soldering (electronics) Stained glass making Glazed pottery making Car or boat repair Furniture refinishing Drinking home distilled liquids Artistic glazes or pigments containing lead	<u>Mexican:</u> Azarcon, greta. Also known as liga, Maria Luisa, Alarcon, coral, rueda <u>Asian:</u> Chuifong tokuwan, pay-loo-ah, ghassard, bali goli, kandu <u>Middle Eastern:</u> alkohl, kohl, surma, saoott, cebagin, ghasard <u>Chinese:</u> ba-baw-san <u>Thailand/Burma:</u> Daw Tway	Jewelry (metal based or painted) Ceramic ware/pottery, lead crystal Mouthing house/car keys, jewelry Soil/dust near industries/roadways/airports Proximity to lead related industries Imported lead soldered cans Plumbing or water line leachate Leaded gasoline Crayons Mini-blinds Antique painted or lacquered furniture

If parent/guardian refused this questionnaire or blood lead testing, obtain their signature and reason and forward copy to their primary care physician if other than this provider.

Parent/Guardian Signature: _____ Reason for refusal: _____

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Lead Risk Questionnaire Instructions for Health Care Providers:

- A complete lead risk assessment consists of the clinician's verbal review of all questions below at **each** well child check ages birth – 72 months and includes discussion with parent/guardian regarding common lead exposure sources in children's environments as well as educational and anticipatory lead poisoning prevention guidance.
- Clinician should have the current DHSS High Risk Map available prior to initiating questions for the parent/guardian. The Missouri Department of Health and Senior Services High Risk map (updated annually) is available at: www.health.mo.gov/living/environment/lead/index.php.

Lead Testing Requirements for MO HealthNet Children

- All children ages 6 to 72 months **must** be screened at **each** well child check using this **questionnaire**. If any response is "Yes" or "Unknown", the child should receive a blood lead test immediately.*
- A blood lead test is **required** at ages 12 and 24 months for ALL MO HealthNet Children.
 - Children older than 12 months who have not yet been tested **must** receive a blood lead test as soon as possible.
 - Children older than 24 months and not tested since age 12 months **must** receive a blood lead test as soon as possible.
- All children ages 6 to 72 months, who live in or spend more than 10 hours per week in a **HIGH RISK AREA**, are to be blood lead tested ANNUALLY at a minimum. Additional testing at each well child check may also be indicated.
- Children living in a GENERAL RISK AREA but spending more than 10 hours a week in a **HIGH RISK AREA** are to be blood lead tested ANNUALLY.

Lead Testing Requirements for ALL Missouri Children

- All children ages 6 to 72 months **must** be screened at **each** well child check using this **questionnaire**. If any response is "Yes" or "Unknown", the child should receive a blood lead test immediately.*
- All children ages 6 to 72 months, who live in or spend more than 10 hours per week in a **HIGH RISK AREA**, are to be blood lead tested ANNUALLY at a minimum. Additional testing at each well child check interval may also be indicated.
- Children living in a GENERAL RISK AREA but spending more than 10 hours a week in a **HIGH RISK AREA**, are to be blood lead tested ANNUALLY.

***Short Interval Well Child Check Testing Exception:** *If the child has received a blood lead test within the prior 6 months with result less than 5 mcg/dL, AND there are no known risk changes, the health care provider may make a clinical determination not to rescreen the child's blood lead level at the next well child check interval. Before making this exception, health care providers should consider: If the child has experienced increased mobility such as due to new ability to crawl, or walk; or has increased mouthing behaviors due to teething, sucking on fingers, nail biting, or pica behaviors since the last check, the provider may determine another blood test is necessary. Conversely, if the child has moved to a newer home (built after 1978), or parent has changed to a non-lead exposure related job and there are no other concerning mouthing or mobility issues or other potential exposures, the test may be omitted.*

Please note, this exception does NOT apply to ANNUAL required testing intervals when the child lives in or visits a high risk area for more than 10 hours per week OR when a child receiving MO HEALTHNET benefits is age 12 or 24 months.

Follow up Guidelines for Blood Lead Level Results ≥ 5 $\mu\text{g}/\text{dL}$:

- If a child's blood lead level is ≥ 5 $\mu\text{g}/\text{dL}$ in an initial blood test result obtained by **capillary** specimen, confirmation by a **venous** sample must be completed as indicated. Providers are encouraged to implement patient management and treatment, including follow up blood test intervals and referral for environmental assessments where indicated.
 - For all confirmatory and follow-up testing timeframes, please refer to the "Recommended Blood Lead Testing Schedule and Actions Based on Blood Lead Level" form. This can be located at: www.health.mo.gov/living/environment/lead/index.php.
 - If you have questions regarding childhood lead poisoning prevention, please contact the Department of Health & Senior Services at 573-751-6102.

To print or order forms, visit: <https://health.mo.gov/living/environment/lead/lead-testing.php> or www.dss.mo.gov/mhd/providers/index.htm and look for "MO HealthNet forms".