

CHRONOLOGICAL RECORD OF MEDICAL CARE

HEALTH RECORD

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

DATE	48 Medical Group, RAF Lakenheath APO AE 09464
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LEAD EXPOSURE RISK ASSESSMENT QUESTIONNAIRE (FOR CHILDREN 1 TO 6 YEARS OLD)

Does your child:

1. Live (lived within the past 2 years) in or regularly visit a house, daycare, or pre-school built before 1950?
YES / NO / NOT SURE
2. Live (lived within the past 2 years) in or regularly visit a house built before 1978 that is being renovated or has recently been renovated or remodeled (within the last 6 months)?
YES / NO / NOT SURE
3. Have a sibling, house mate, or playmate who has had or did have lead poisoning: (a blood lead level greater than 10 ug/dL)?
YES / NO / NOT SURE
4. Live (lived within the past 2 years) with an adult whose job involves exposure to lead i.e., sanding or spraying vehicles, equipment or aircraft; working with leaded fuel?
YES / NO / NOT SURE
5. Live (lived within the past 2 years) with an adult whose hobby includes exposure to lead i.e., stained glass; sanding or spray painting vehicles or equipment?
YES / NO / NOT SURE
6. Live (lived within the past 2 years) near an active lead smelter, battery recycling plant, or industry known to release lead?
YES / NO / NOT SURE
7. If you live (lived within the past 2 years) in government owned/leased housing, which housing area?
8. If you live (lived within the past 2 years) off base, which village?

* If answer to any is question is "yes" or "not sure," consider screening test.

** Consider screening for lead exposure in the differential diagnosis of children with unexplained illness such as severe anemia, seizures, lethargy and abdominal pain.

DEMOGRAPHICS:

PATIENTS DATE OF BIRTH:

GENDER:

CURRENT HOME LOCATION: (ON/OFF BASE)

RESIDENT IN COUNTRY: YEARS - MONTHS-

RESIDENT IN ACTUAL QUARTERS: YEARS- MONTHS-

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

Home Address:

Duty Phone:

Home Phone:

RECORDS MAINTAINED AT:			
PATIENT'S NAME <i>(Last, First, Middle initial)</i>			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	