

**Ashland
Children's
Clinic, P.S.C.**

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Pediatric Lead Risk Assessment

Revised 2-28-06

Child: _____ DOB: _____

<i>Does your child:</i>	Yes	No
Live in or regularly visit a house with peeling or chipped paint built before 1960? (Includes day care, preschool, baby sitters, relatives, etc.)		
Live in or regularly visit a house built before 1960 with recent, ongoing, or planned remodeling		
Take any home or folk remedies which may contain lead; eat or drink from pottery or dishes which are homemade or made in another country that may contain lead		
Have a brother, sister, housemate, or playmate being followed or treated for lead poisoning (blood lead level 15 mcg/dl or more)		
Live with, or have frequent contact with, an adult whose job or hobby (lead batteries, firing range, chemicals, bridge/highway construction) involves exposure to lead		
Live near an active lead smelter, battery recycling plant, or other industry where dust and soil may be contaminated with lead		

Parent/guardian completing form: _____

Reviewed by: _____ Date: _____