

J. PATRICK HIEBER, M.D., D.A.B.P.

	Date:			
Pa	tient Name: DOB:			
	LEAD EXPOSURE QUESTIONNAIRE			
1.	What is your zip code?			
2.	Does your child live in or regularly visit a house built before 1950? This includes a daycare center, preschool, or home of a babysitter or relative.	Yes	No	
3.	Does your child live in or visit a house that has peeling, chipping, dusting or chalking paint?	Yes	No	
4.	Does your child live in or visit a house built before 1978 with recent, ongoing or planned renovation/remodeling?	Yes	No	
5.	Does your child have a sibling or playmate who has or did have lead poisoning?	Yes	No	
	Does your child frequently come in contact with an adult who has a hobby or works with lead? (For example making bullets, fishing weights, stained glass, pottery or working on cars close to The house). The house is the property of the pr	Yes	No	
-	TUBERCULOSIS RISK ASSESSMENT QUESTIONNAIRE			-
1.	Was your child born in a country other than the United States? If yes, where was he/she born?	Yes	No	
2.	Was this child's mother or father born in a country other than the United States? If yes, where were they born?	Yes	No	
3	Has this child traveled to another country since their last physical exam? If yes, where did he/she travel?	Yes	No	
	With whom did he/she stay? Friends Relatives Hotel			
	How long did he/she travel? Less than 1 week 1 week or more			
4.	Has this child been exposed to anyone with tuberculosis since his/her last physical exam?	Yes	No	
5.	Does this child have close contact with anyone with a positive tuberculosis skin test since his/her last physical exam?	Yes	No	
6.	Does this child spend time with anyone who has been in jail or a shelter, uses illegal drugs or has HIV/AIDS since his/her last physical exam?	Yes	No	
7.	Does any person live or work in this child's home who was born in a country other than the United States or has had significant foreign travel to high risk areas? If yes, in what country were they born?	Yes	No	