

## Investigation of Children with Elevated Blood Lead Levels (EBLL)

<b>Case Reported to LHJ:</b>	<b>Date:</b>
LHJ notification date	
Investigation start date	

<b>Client Information:</b>			
Case Child's Name (Last, First, MI)	DOB		
Child's Primary Address	City	County	Zip Code
Medicaid # (if applicable and available)	WDRS ID Event #		
PCP Name	Address	Phone #	
<b>Demographics:</b>			
Sex at birth <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown			
Do you consider yourself (your child) Hispanic, Latino/a, Latinx?			
<b>Ethnicity</b>			
<input type="checkbox"/> Hispanic, Latino/a, Latinx <input type="checkbox"/> Non-Hispanic, Latino/a, Latinx			
<input type="checkbox"/> Patient declined to respond			
<input type="checkbox"/> Unknown			
What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):			
<b>Race</b>			
<input type="checkbox"/> Amer Ind/AK Native ( <b>specify:</b> <input type="checkbox"/> Amer Ind and/or <input type="checkbox"/> AK Native) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native HI/Pacific Islander (specify: <input type="checkbox"/> Native HI and/or <input type="checkbox"/> Pacific Islander) <input type="checkbox"/> White			
<input type="checkbox"/> Patient declined to respond			
<input type="checkbox"/> Unknown			
<b>Additional race information:</b>			
<input type="checkbox"/> Afghan <input type="checkbox"/> Afro Caribbean <input type="checkbox"/> Arab <input type="checkbox"/> Asian Indian <input type="checkbox"/> Bamar/Burman/Burmese			

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- Bangladeshi  Bhutanese  Central American  Cham  Chicano/a or Chicanx
- Chinese  Congolese  Cuban  Dominican Egyptian  Eritrean  Ethiopian  Fijian
- Filipino  First Nations  Guamanian or Chamorro  Hmong/Mong  Indigenous-Latino/a or Indigenous-Latinx  Indonesian  Iranian  Iraq  Japanese  Jordanian  Karen  Kenyan
- Khmer/Cambodian  Korean  Kuwaiti  Lao  Lebanese  Malaysian  Marshallese
- Mestizo  Mexican/Mexican American  Middle Eastern  Mien  Moroccan  Nepalese
- North African  Oromo  Pakistani  Puerto Rican  Romanian/Rumanian  Russian
- Samoan  Saudi Arabian  Somali  South African  Syrian  Taiwanese  Thai
- Tongan  Ugandan  Ukrainian  Vietnamese  Yemeni
- Other: \_\_\_\_\_

**What is your (your child's) preferred language? Check one:**

- Amharic  Arabic  Balochi/Baluchi  Burmese  Cantonese  Chinese (unspecified)
- Chamorro  Chuukese  Dari  English  Farsi/Persian  Fijian  Filipino/Pilipino  French
- German  Hindi  Hmong  Japanese  Karen  Khmer/Cambodian  Kinyarwanda
- Korean  Kosraean  Lao  Mandarin  Marshallese  Mixteco  Napali  Oromo
- Panjabi/Punjabi  Pashto  Portuguese  Romanian/Rumanian  Russian  Samoan
- Sign languages  Somali  Spanish/Castilian  Swahili/Kiswahili  Tagalog  Tamil
- Telugu  Thai  Tigrinya  Ukrainian  Urdu  Vietnamese
- Other Language: \_\_\_\_\_
- Patient declined to respond  Unknown

**Interpreter Needed**  Yes  No  Unknown

Household Members:	Age:	Phone number:	Occupation:
Mother			
Father			
Other			
Other			

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Child's Lead Test History		
Date of Blood Draw:	Lead Level (µg/dL):	Type (Capillary or Venous):

**Caregiver Information:**

Primary caregiver is:  
 Mother     Father     Foster Parent/Guardian     Other (Specify)

Person Interviewed:

Does family receive:     WIC     Food Assistance     Maternal Infant Health  
 Medicaid/Medicare/SSI/SSDI     Public Housing     Transportation Assistance  
 Other: Social service agency support

**Current Residence Information (check all that apply):**

Single family     Multiple unit     Mobile home     Section 8     Public housing  
 Owned     Rented

If not owned by family, give owner's name and phone number:

Years lived in home:

Year home constructed:     Exact year, if known:  
 1980+     1960-79     1950-59     1940-49     1920-39     Before 1920

Source of water for home:     Public water supply     Small water system     Private well  
 Other

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### Social History

List all locations where the child currently spends or within the past several months has spent several hours a week.

Address	Facility Name	Duration	Contact Name	Phone number:

### Clinical Information

Ever referred for neurological, developmental or educational assessment  Yes  No

*Specify:*

### Mouthing activity is normal in young children; does your child do any of the following?

- |   |  |
|---|--|
| <input type="checkbox"/> Sucks fingers  | <input type="checkbox"/> Eats/chews paint chips  |
| <input type="checkbox"/> Picks at painted surfaces                                    | <input type="checkbox"/> Eats soil   |
| <input type="checkbox"/> Puts painted objects in mouth                                | <input type="checkbox"/> Puts matches in mouth   |
| <input type="checkbox"/> Puts soft metal objects in mouth                             | <input type="checkbox"/> Puts old or foreign printed materials in mouth  |
| <input type="checkbox"/> Sucks on or eats other non-food items<br>(i.e., mini-blinds) | <input type="checkbox"/> Plays with cosmetics/hair preparations metal<br>objects or talc or puts them in mouth |

Potential exposures	Yes	No	Unknown
Recent repairs/renovations done in the home <i>Describe:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child play in areas of chipping or deteriorated paint? <i>If yes, list location:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child ever play in the yard or the dirt near the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child play at a park or playground? <i>If yes, specify location:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No	Unknown
Does family remove shoes when entering the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does family have a pet that could track contaminated soil/dust from outside? <i>If yes, where does the pet sleep?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lives or plays in former orchard site (orchards on property before 1950)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to soil contaminated by Tacoma smelter plume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are food items stored in open cans of ceramic containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the family eat food grown in a garden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child wash his/her hands before eating snacks or meals, after playing outside, at bedtime, and naptime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handmade or imported ceramics (especially Mexican pots) used for cooking or storing food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chili or tamarind candy imported from Mexico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consume imported spices made outside of the US <i>If yes, specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Played with toys recalled due to lead content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recently traveled to foreign country <i>Dates/locations:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents may unknowingly bring lead home on their hands, clothing, and shoes.

Occupation(s) of potential concern (construction, industrial work, firearm or firing range exposure, fishing):	Hobbies of potential concern (hunting, firing range, fishing, ceramics, stained glass, vintage art supplies):

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Some families use home remedies to treat illnesses. Home remedies that may contain lead:

Use of traditional home remedies (check all that apply):		
<input type="checkbox"/> Azarcon	<input type="checkbox"/> Rueda	<input type="checkbox"/> Maria Luisa
<input type="checkbox"/> Greta	<input type="checkbox"/> Coral	<input type="checkbox"/> Alarcon
<input type="checkbox"/> Liga	<input type="checkbox"/> Ghasard	<input type="checkbox"/> Kandu
<input type="checkbox"/> Bali Goli	<input type="checkbox"/> Alkohl (kohl)	<input type="checkbox"/> Pay-loo-ah
<input type="checkbox"/> Other:	<input type="checkbox"/> Estomaquil	
<i>If yes, specify frequency of use:</i>		

Certain cosmetics, especially those from the Middle East, India, and Asia, may also contain high levels of lead.

Use of cosmetics (check all that apply):	
<input type="checkbox"/> Surma <input type="checkbox"/> Kohl <input type="checkbox"/> Kajal <input type="checkbox"/> Sindoor <input type="checkbox"/> Other:	
<i>If yes, specify frequency of use:</i>	

Additional child, pregnant, or breast-feeding household members:						
Name	Relation	Age	Tested		Collection date	Result (µg/dL)
			Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

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