



Blood Lead Testing for High-risk Children

Instructions for Providers

- Complete this form as you interview the patient’s parent or guardian. Ask the questions shown below and record the answers. Keep this form on file in the patient’s medical record.
- If the assigned Primary Care Provider (PCP) has not seen the child or one year has passed since the child’s last visit to the PCP, encourage and help arrange for a visit with the PCP.
- If the child has been or is being treated for lead poisoning, assess any risk and encourage continuation of follow-up visits. Assist the member through any barriers identified.

Member name: _____
 Today’s date: _____
 Member ID: _____
 Person interviewed/relationship
 to patient: _____

Questions to ask the parent or guardian of your patient

Has the child’s blood been tested for lead? Yes ___ No ___

When was the child’s blood last tested for lead? Date: _____

What was the result? Result: _____

Has the child seen the pediatrician since his or her last blood test? Yes ___ No ___

If yes, when? Date: _____

Was the child tested for lead poisoning? Yes ___ No ___

If yes, when? Date: _____