PATIENT NAME_____DOB_____

PLEASE CHECK ALL THAT APPLY. INITIAL/DATE AT THE BOTTOM ONCE EACH VISIT.

Anemia Screen (for all children):

- ❑ Consumes a diet low in iron
- ❑ Child has limited access to food
- ❑ Child with history of iron-deficiency anemia
- ❑ Child has special health care needs
- ❑ Child takes medicine that inhibits iron absorption
- ❑ Family has limited income (eligible for Medicaid or WIC)
- ❑ Migrant or recently arrived immigrant
- ❑ Drinks more than 24 ounces of whole milk per day

Lead Screen (for 6 years and under):

- ❑ Child lives in or regularly visits a home or childcare facility built before 1978 that is being renovated or was renovated within the past 6 months
- ❑ Child lives in or regularly visits a home or childcare facility built before 1950
- ❑ Child lives in or regularly visits a house or other structure in which one or more persons have elevated blood lead levels
- ❑ Child lives with an adult whose job or hobby involves working with lead
- ❑ Your child's school or daycare requires it (ex. school or care in Washington DC)
- ❑ Child resides in high zip code area (see list at front desk)
- ❑ Child receives services with Medicaid or WIC
- ❑ Child lives near an active lead smelter, battery recycling plant, or other industry likely to release lead
- ❑ In addition, do you suspect an exposure for your child?

Tuberculosis Infection Risk (all children):

- ❑ Lived in high prevalence country or extensive travel in area with high prevalence
- ❑ Exposure to tuberculosis or to a high-risk adult
- ❑ Visits nursing homes or correctional facilities
- ❑ Chronic illness with increased risk for infection (HIV, malignancy, diabetes, etc.)
- ❑ Your child's school or daycare requires it
- ❑ Medically underserved
- ❑ Homelessness or residence in congregate living

Fluoride (all children 6 months to 14 years)

- ❑ Only breastfed and not drinking water
- ❑ Using bottled water only (for mixing formula or to drink alone)
- ❑ Home with well water
- ❑ School with well water and home with well water (ex. Clifton Elementary School)

Hyperlipidemia (all children older than 2 years)

- ❑ Does a parent take cholesterol medicine
- ❑ Does a sibling have high cholesterol
- ❑ Has a parent or sibling had a heart attack or stroke
- ❑ Has a grandparent had a heart attack or stroke under 60 years old

❑ CHECK HERE IF NONE OF THE ABOVE APPLIES.

DATE/INITIALS   DATE/INITIALS   DATE/INITIALS   DATE/INITIALS   DATE/INITIALS   DATE/INITIALS
_____ _____   _____   _____   _____   _____

Updated Feb 09