



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF MEDICAL SERVICES
HCY LEAD RISK ASSESSMENT GUIDE

This Guide must be used to complete the Lead Risk Assessment component of the HCY full or partial screen for all MC• Medicaid eligible children from 6 to 72 months.

NAME		MC+/MEDICAID #		DATE OF BIRTH			A BLOOD LEAD TEST IS RECOMMENDED AT LEAST TWICE BEFORE 24 MONTHS. HCFA/DIVISION OF MEDICAL SERVICES REQUIRES BLOOD TESTING AT 12 AND 24 MONTHS.				
Any child ages 6 months to 72 months with a positive response to any of the following questions is at risk and must receive a blood lead test immediately.	DATE ASSESSED										
	AGE	6-8 MO.	9-11 MO.	12-14 MO.	15-17 MO.	18-23 MO.	24 MO.	3 YRS.	4 YRS.	5 YRS.	6 YRS.
Have siblings or playmates with lead poisoning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live in or regularly visit a house or day care built before 1950?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resides in or visit a house built before 1978 with chipping paint or remodeling within the last six months	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Mouth or eat non-food items (pica)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Play in bare soil or reside in a lead smelling area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reside with an individual that works with or has hobbies using lead?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
**Receive unusual medicines or folk remedies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child between 12 & 72 months, and has never received a blood lead test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*A perversion of appetite with craving for substances not fit for food, such as dirt, starch, clay, ashes or plaster.

EXPOSURE PATHWAYS

OCCUPATIONAL

- Plumbers, pipe fitters
- Brass/copper laundry
- Lead Miners
- Lead smelters and refiners
- Auto repairers
- Bridge reconstruction workers
- Glass manufacturers
- Shipbuilders
- Printers
- Plastics manufacturers
- Policemen
- Steel welders and cutters
- Construction workers
- Battery manufacturers
- Gas station attendants
- Chemical and chemical preparation manufacturers
- Industrial machinery and equipment operators

****TRADITIONAL MEDICINES AND COSMETICS (such as)**

- Asian-Chuifong tokuwan, pay-loo-ah, ghassard, bali goli, and kandu
- Mexican-azarcon and greta (also known as liga, Maria Luisa, atarcon, coral and rueda)
- Middle Eastern-alkohl, kohi, surma, saooit, cebagin

SUBSTANCE USE

- Gasoline "huffing"
- "Health foods"
- Cosmetics
- Moonshine whiskey

HOBBIES AND RELATED ACTIVITIES

- Glazed pottery making
- Target shooting at firing ranges
- Reloading cartridges
- Lead soldering (e.g., electronics)
- Painting
- Preparing lead shot, fishing sinkers, bullets.
- Stained-glass making
- Car or boat repair
- Home remodeling
- Furniture refinishing
- Casting lead figures (toy soldiers, etc.)

ENVIRONMENTAL

- Mini-blinds
- Crayons (imported)
- Lead painted homes
- Leaded gasoline
- Lead soldering cans (imported)
- Lead crystal
- Proximity to lead related industries
- Paint containing lead
- Soil/dust near industries, roadways
- Plumbing leachate
- Ceramic-ware / pottery
- Jewelry (metal based)

NOTE: Results of blood tests may be recorded on the reverse side of this form. Retest intervals and interventions for elevated blood levels are described on the reverse side of this form.