

Verbal risk assessment for lead toxicity

The New Jersey Department of Health requires health care professionals perform verbal risk assessments for lead toxicity at every periodic visit for children ages 6 months to 72 months. More information on the state requirements is available at nj.gov/childhoodlead > Testing. The following questions are from the state and the requirements are subject to change. Please attach this form to the patient's medical chart.

Member name:	Date of birth:		ID:					
Dates of Verbal Risk Assessment:								
	Yes	No	Yes	No	Yes	No	Yes	No
Does your child live in or regularly visit a house built before 1978?								
Does the house have chipping or peeling paint?								
Was your child's day care center/preschool/babysitter's home built before 1978?								
Does the house have chipping or peeling paint?								
Does your child live in or regularly visit a house built before 1978 with recent, ongoing or planned renovation or remodeling?								
Have any of your children or their playmates had lead poisoning?								
Does your child frequently come in contact with an adult who works with lead? Examples include construction, welding, pottery or other trades practiced in your community.								
Do you give your child home or folk remedies that may contain lead?								

Member name:	Date of birth:	ID:
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Recommended screening schedule

Age	Risk status	Blood lead	Hgb/Hct (H&H)
6 months Date:	Low risk High risk	Not recommended Yes _____ ug/dl	Not recommended Yes _____ g/dl _____%
12 months Date:	Low risk High risk	Not recommended Yes _____ ug/dl	Not recommended Yes _____ g/dl _____%
18 months Date:	Low risk High risk	Not recommended Yes _____ ug/dl	Not recommended Yes _____ g/dl _____%
24 months Date:	Low risk High risk	Not recommended Yes _____ ug/dl	Not recommended Yes _____ g/dl _____%

Low risk: Screen if previous blood lead and H&H status is not known **High risk:** Re-screen yearly and add H&H

Care provider signature: _____

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

