HEALTHremède
FAMILY WALK-IN CLINIC
OCCUPATONAL MED
WELLNESS

3235 Perkins Road
Baton Rouge, LA 70808
Office: (225) 387-3030
Fax: (225) 387-4521

8742 Goodwood Blvd
Baton Rouge, LA 70806
Office: (225) 231-7070
Fax: (225) 231-7069

13466 Vera McGowan Road
Walker, LA
Office: (225) 380-1720
Fax: (225) 380-1719

Original Date:	
Dates Revised:	

LEAD EXPOSURE QUESTIONNAIRE

Name:_____ ☐ M ☐ F SSN:_____

Age:_____ Date:_____

Please answer the following by checking the appropriate response:

OCCUPATIONAL HISTORY		
1. Have you engaged in any hobbies involving exposure to lead?	☐ YES	☐ NO
2. Do you currently work with lead or lead containing compounds?	☐ YES	☐ NO
3. Have you worked with lead or lead containing materials in the past?	☐ YES	☐ NO
4. Have you been required in any job to wear personal protection for lead	☐ YES	☐ NO
5. Have you ever had your blood checked for lead?	☐ YES	☐ NO

If you answered 'YES" to any of the above questions please give details:

_____

_____

_____

_____

_____

MEDICAL HISTORY

6. Do you have a history of anemia, kidney disease, liver disease or disease of the nervous system or a learning difficulty?

If 'YES" please explain:

_____

_____

_____

_____

Please continue to next page

7. Please check any of the following symptoms you have experienced in the past six months:

☐ abdominal pain	☐ abnormal taste	☐ constipation
☐ loss of appetite	☐ fatigue	☐ numbness of extremities
☐ confusion	☐ dizziness/coordination difficulties	☐ other nervous problems

If 'YES" please explain:

_____

_____

_____

_____