Missoula Public Health
Infectious Disease Office
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File Transfer: missoula.co\idreporting

MPH MISSOULA PUBLIC HEALTH

Lead Poisoning Case Report

TO BE COMPLETED BY THE REPORTING HEALTHCARE PROVIDER
Today's Date: __________ Reporting Provider: ________________________ Ph: ____________ F: ____________
Blood Lead Test Date: __________ Result: __________µg/dL □Capillary □Venous(confirmatory)
Is Follow-Up Testing Scheduled?: □Yes □No □N/A **When is it Scheduled (date if applicable)?: _______________________**
Patient's Name (First, Last, MI): _________________________________ DOB: __________ Gender: ___________
Residential Address (physical): __________________________City: ____________ State: ____ Zip Code: _______
Race (circle all that apply): □ Asian □African American □White □Native American or Alaskan Native □Native Hawaiian or Other Pacific Islander □Other **Ethnicity Latino/Hispanic?:** □ Yes □ No
Patient's Contact Number: __________________ If a Minor, Guardian/Parent Name: _______________________

PROVIDER PLEASE FILL OUT ANY KNOWN INFORMATION BELOW-MISSOULA PUBLIC HEALTH TO COMPLETE ANY REMAINING QUESTIONS			
If the patient is a child, do they attend a daycare?	□ Yes	□ No	□ Unknown
Is the patient enrolled in Medicaid?	□ Yes	□ No	□ Unknown
Is the patient a recipient of Women, Infants, and Children (WIC) Program Services?	□ Yes	□ No	□ Unknown
Has the patient been placed in your home through the foster care system?	□ Yes	□ No	□ Unknown
Does the patient live in or visit a home, daycare or other building built before 1978 with peeling or chipping paint, or with recent or ongoing renovation or remodeling?	□ Yes	□ No	□ Unknown
Does the patient live (or previously lived) in assisted housing or received any financial assistance for housing? (ex. Housing Choice Voucher, Project-Based Section 8, Public Housing)	□ Yes	□ No	□ Unknown
Does the patient live in a rental property?	□ Yes	□ No	□ Unknown
Does the patient eat or chew on non-food items such as paint chips or dirt?	□ Yes	□ No	□ Unknown
Is there a family member/friend who ever had an elevated blood level?	□ Yes	□ No	□ Unknown
Should other household members be tested for elevated blood lead?	□ Yes	□ No	□ Unknown
Additional people in the home that could be at risk (list here)	□ Yes	□ No	□ Unknown
Is the patient a refugee, immigrant, or adopted from another country? Country of Origin: Country of last residence (if different):	□ Yes	□ No	□ Unknown

Is the patient exposed to lead from a parent, relative, friend or self with jobs or hobbies involving? Please check all that apply:

□Pottery making	□Painting – artistic, residential, commercial	□Valve and pipe fittings
□Smelting or mining	□Automotive repair or painting	□Brass/copper foundry
□Welding or soldering	□Lead ammunition – hunting, shoot sports, reloading	□Refinishing furniture
□Lead fishing weights or lures		□Battery manufacturing/recycling
□Construction – renovation or repair	□Hazardous materials/remediation	

Is the patient exposed to sources of lead in any of the following sources listed below? Please check all that apply:
□Drinking water (pre-1986 household plumbing/fixtures or private well)
□Product recalls or alerts due to a lead hazard. See US Consumer Product Safety Commission (www.cpsc.gov/Recalls); US Food & Drug (https://www.fda.gov/food/recalls-outbreaks-emergencies/alerts-advisories-safety-information)
□Imported glazed pottery, leaded-glass, metal dishes, cookware, or food storage containers
□Food: spices, candy, food canned or packaged outside of the United States, wild game harvested with leaded ammunition
□Traditional remedies or nutritional supplements other than vitamins

Potential lead exposures not already indicated:

If the exposure was identified through occupational medical monitoring, indicate the following:
Industry (e.g., mining) ______________________________________ Occupation (e.g., electrician) ____________________________________
Employer____ Employer Contact Information ___________________________________

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Resources:
MT DPHHS Lead Poisoning Prevention Resources
CDC Recommended Actions Based on Blood Lead Level
Management Guidelines for Blood Lead Levels in Adults
Immigrant and Refugee Health: Lead