

Patient Name: _____ Date of Birth: ____/____/____

Please tell me any concerns, questions, problems you have about the way your child is behaving, developing/growth and/or learning:

DEVELOPMENTAL QUESTIONS AND OBSERVATIONS

- YES NO My baby understands some words.
- YES NO My baby shows feelings by smiling and crying.
- YES NO My baby says things like, “da da” or “ba ba.”
- YES NO My baby can feed him/herself with fingers.
- YES NO My baby is interested and explores new things.
- YES NO My baby is able to be happy, mad and sad.
- YES NO My baby likes to be with me.
- YES NO My baby can move around on his/her own.
- YES NO My baby plays games like “peek-a-boo”, “so big” or “pat-a-cake.”

DEVELOPMENTAL MILESTONES

INFANT DEVELOPMENT

- YES NO Responds to own name
- YES NO Uses inferior pincer grasp
- YES NO Shows interest in things around them
- YES NO Sits without support
- YES NO Pulls to stand
- YES NO Crawls
- YES NO Stands with support
- YES NO Says “mama/dada”
- YES NO Stranger anxiety
- YES NO Look for dropped toy

Additional comments:

Signature: _____ Date: _____ Relationship to Patient: _____

POST-PARTUM DEPRESSION SCREEN

Date of Birth: ____ / ____ / ____

Child's Name: _____

Mother's Name: _____

Society tells us that having a baby should be a happy, exciting and joyous time. However, for 15-20% of new moms, that isn't the case. We care about you and how you are feeling! Please check the responses below that come closest to how you have felt in the **past 7 days** (*not just today*). Please do not skip any questions and be sure to answer the questions on your own and without the input of others.

1. I have been able to laugh and see the funny side of things.

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

2. I have looked forward with enjoyment to things.

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, never

4. I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

5. I have felt scared or panicky for no very good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

6. Things have been getting on top of me.

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped well
- No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

8. I have felt sad or miserable.

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

9. I have been so unhappy that I have been crying

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

10. The thought of harming myself has occurred to me.

- Yes, quite often
- Sometimes
- Only occasionally
- Never

**OKLAHOMA CHILDHOOD LEAD POISONING PREVENTION PROGRAM
2012 LEAD EXPOSURE RISK ASSESSMENT QUESTIONNAIRE (LERAQ)**

Child's Name: _____ Date of Birth: ____/____/____

Date: ____/____/____ Age: ____ Current Residential Zip Code: _____

1. Does your child have Medicaid (SoonerCare)? If yes this child must have a blood lead test at 12 and 24 months of age (or, if older than 24 months, at least one test before 6th birthday).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. Does your child live in a high risk ZIP code area? (see a list of high risk ZIPs on this form)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. Does your child live in or often visit a house or child care site with chipped or peeling paint that was built prior to 1950?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Does your child live in or often visit a house or child care site built prior to 1950 with renovation, repairs or remodeling that were done in the last 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Does your child live in or often visit a house or child care site that has vinyl or plastic mini blinds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. Does your child have friends, siblings, house mates, or a play mate that has or did have lead poisoning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
7. Does your child live with an adult who has a job or hobby where lead is used? Examples would be: oil field worker, bridge painter, demolition or renovation of buildings, automobile work with batteries or radiators, lead solder, metal plating, furniture refinishing, leaded glass, lead shot or bullets and lead fishing sinkers.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
8. Is your child given any home or folk remedies or cosmetics such as imported items called Greta, Azarcon, Rudea, Kohl or does your child eat food cooked in or served from pottery made outside the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
9. Does your child chew on or mouth trinket jewelry or toys found in vending machines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>

HIGH RISK ZIP CODES

73106 73108 73111 73119 73521 74104 74110 74127 74401 74447
 73107 73109 73117 73129 73701 74106 74115 74354 74403 74631
 74848

Lead Poisoning Prevention Program
Screening and Special Services
Oklahoma State Department of Health
1000 NE 10th Street

Telephone: (405) 271-6617 Toll Free:
1-800-766-2223

Purpose: The LERAQ is to be used to screen for possible lead exposure in children 6 -72 months of age.
Use: This assessment may be administered by medical staff or teacher, or completed by the child's parent or guardian.
Any "Yes" or "don't know" answer is considered a positive answer thus requires the child to have a blood lead test.

According to OCLPPP Case Management Guidelines, if a child has a blood lead test <5 ug/dl, reassess with the LERAQ in 1 year. No additional testing is necessary unless an exposure risk change has occurred. This Guideline does not supersede the federal CMS requirement that children enrolled in SoonerCare receive a blood lead test at 12 and 24 months of age as defined in the Child Health Check Up, also known as Early and Periodic Screening; Diagnosis and Treatment (EPSDT). Routing and Filing: Retain this record in the child's record to review annually.