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| --- | --- |
| **Health_logo_colour** | **NOTIFIABLE****CONDITIONS REPORT for****LEAD EXPOSURE** **for WA Clinicians** |
| **The Chief Health Officer** **\* is hereby notified that the following patient has a blood lead level of 5 µg/dL or above.** |
|  **PATIENT DETAILS**: (Please print in BLOCK letters or place patient stick label here) |
| Guardian Full name |  | Relationship |
|  |
| Patient FirstName |  | Patient Surname |  | Female | 🞏 | Male | 🞏 |
| Patient Address& Postcode |  | DOB | Age |
|  |  |
| Phone |  | Mobile |  |
| Occupation  |  |
| Aboriginal heritage | 🞏 | Non Aboriginal heritage | 🞏 |
|  |
| Date of Presentation  |  | Reason for Testing | 🞎 Screening 🞏 Diagnosis (symptomatic) |
| Likely Source of Exposure\*\* |  | Blood lead level (µg/dL): |  |
| Previous history of lead exposure  | 🞏 | If known - Previous Blood lead level (µg/dL) |  |
| Laboratory used | Clinipath 🞏, PathWest 🞏, WDP 🞏, Perth Pathology 🞏, Other:  |
| Follow-up arranged | Yes 🞏 No 🞏 | The patient (or guardian) has been advised that this notification will be submitted to the Health Dept. | Yes 🞏 No 🞏 |
| **Notifying Doctors name, address and phone number (or Dr’s stamp)** | **Signature**  |
|  |  |
| **Date** |
| Email completed form to:Email: LeadNotifications@health.wa.gov.auORMail to:The Chief Health Officer, Public Health Division, Department of Health  P.O.Box 8172 Perth Business Centre WA, 6849 | Enquiries: Tel: 08 6373 3902Fax: 08 9222 2322 |

\* Previously the Executive Director of Public Health

\*\* Refer to Elevated Lead Questionnaire Exposure Assessment for guidance

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| **Health_logo_colour** | **Elevated Lead Questionnaire****Exposure Assessment** |
| Guardian  |  | Relationship |
|  |
| Patient First Name |  | Patient Surname |  | Female  | 🞏 | Male | 🞏 |
| Patient Address& Postcode |  | DOB | Age |
|  |  |
| Date of Notification |  | If exposure from an occupational source is suspected contact Worksafe Australia on 1300 307 or if exposure is related to mining activity contact Department of Mines & Petroleum on 9358 8079.  |
| Occupation of Exposed Patient |  |
| Details of others living with the patient (Attach another sheet if needed) |
| Adults(18 & older) | Full name | Age | F | M | Occupation |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| Minors(17 & younger) | Full name | Age | F | M | School |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| Sources of lead  |
| a | Present in the home environment (or in premises visited regularly) |
|  | 🞏 permanent residence is built pre 1970  | 🞏 traditional/folk medicines – Ayurvedic, Chinese |
| 🞏 lives in or visits old house or other building undergoing repairs or renovations. | 🞏 natural medicines🞏 natural cosmetics – kohl, surma, calabash chalk |
| 🞏 food or drink containers made from pewter lead crystal, metals other than stainless steel, decorative or imported ceramics i.e. tagines | 🞏 eats and drinks foods gifted or purchased overseas🞏 creams, oils gifted or purchased overseas🞏 loose curtain weights🞏 imported toys🞏 artists paints🞏 other: |
| 🞏 discarded or stored car batteries |
| 🞏 discarded old pipes, plumbing fittings |
| 🞏 imported traditional jewellery |
| 🞏 fishing sinkers |
| b | Activities in and out of the home  |
|  | 🞏 glass making  | 🞏 plumbing  | 🞏 making fishing weights  |
| 🞏 welding, soldering | 🞏 motor/automotive repair | 🞏 pottery/ceramic making  |
| 🞏 lead light making | 🞏 jewellery making  | 🞏 rife/gun range visits  |
| 🞏 renovating old homes or old furniture.  | 🞏 burning of lead stabilised plastics or lead coat wood | 🞏 uses artists paints🞏 other:  |
| c | Does the patient eat or chew non-food things, or suck their thumb? | 🞏 Yes 🞏 No |
| d | Does the patient live near a battery recycling plant, mining, smelting or other industry working with lead? | 🞏 Yes 🞏 No |
| e | Does the patient live with anyone working in paint manufacture, shipping, chemical/plastic manufacture? | 🞏 Yes 🞏 No |
| f | Has the patient lived overseas for lengthy periods of time? Where: | 🞏 Yes 🞏 No |
| g | Other: |