|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 First  Name |  | | | 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.au](mailto:LeadNotifications@health.wa.gov.au)  OR  Mail to:  The Chief Health Officer, Public Health Division, Department of Health  P.O.Box 8172 Perth Business Centre WA, 6849 | | | | | | | | | | | Enquiries:  Tel: 08 6373 3902  Fax: 08 9222 2322 | | | | |

\* Previously the Executive Director of Public Health

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | | | | |