Blood lead level questionnaire in children referred to pediatric gastrointestinal clinic

Mofid Hospital ☐ Loghman Hakim Hospital ☐ Doctor's name…....

Reason for referral……. Stomach ache ☐ Constipation ☐ Both ☐

National Patient Code……. Case number…….. Phone number……...

First name and last name……..

Date of birth…… Age…….. Gender : Boy ☐ Girl ☐

City and province of birth……. Adresse……

Duration of residence in the current home (year)…..

Recent renovation of the building(6 month)
Yes ☐ No ☐

Last period of construction of the residential building(year).....

Recent building painting(6 month)
Yes ☐ No ☐

Type of wall covering color :
Glossy oil ☐ Matte oil ☐ Plastic ☐
Multicolor ☐ other things ☐ Unknown ☐

Pipe type:
Metal ☐ non-metal ☐ both ☐

Type of construction valves…….

If you live in Tehran, where do you live in the city?.....

Does the child play on soil?
Yes ☐ No ☐

Is there a factory around your place of residence?

Yes ☐ No ☐ If yes , type of factory...

Type of toys ?
metal ☐ plastic ☐ Fabric and cotton ☐ other things ☐

Other explanations:

Father job……..	Mother job…….	Child care job……..

History of addiction	Type of drug used	Duration of use	way of use	other explanations
Child				
Father				
Mother				
Sister				
Brother				
other person				

Weight….. Height……. Around the head…. Z score……. BMI…..
Vital signs of the patient: RR…. PR…. SBP….. DBP…… T…..
➢In case of abdominal pain, please complete the following items:
Symptoms with Stomachache: Nausea ☐ Symptoms of anemia ☐ Vomiting ☐ Premature puberty ☐ Constipation ☐ Late puberty ☐ Diarrhea ☐ Heartburn ☐ Black stool ☐ Vaginal bleeding ☐ Dysuria ☐ Headache ☐ Fever ☐ Anorexia ☐ No gas passing ☐ Muscle weakness ☐ Blowing ☐ Paraesthesia ☐ Attention deficit ☐ Limb pain ☐

Difficult kid ☐ Decreased vision and hearing ☐ Learning disability ☐ Bone pain ☐ Concentration disorder ☐ Muscular pain ☐ Other things ☐
Quality of abdominal pain: Acute ☐ Chronic ☐ repeating ☐ If the abdominal pain is chronic or recurrent,how long does it take?.....
Abdominal pain location: Epigastric ☐ Right upper quadrant ☐ Left upper quadrant ☐ Hypogastric ☐ Right lower quadrant ☐ Left lower quadrant ☐ Diffuse ☐
Duration of current abdominal pain episode (day)
The onset of abdominal pain : Suddenly (less than 48 hours) ☐ Gradual ☐ repeating ☐
Recent referral for treatment of abdominal pain: Yes ☐ No ☐ If yes, when is the last time?
In case of drug treatment of abdominal pain, type of drugs….
History of endoscopy and its results….
History of abdominal surgery and its results…..
History of abdominal imaging and its results…… Simple abdominal radiography…… CT…….
History of ultrasound and its result…..
History of lead poisoning treatment……...

Special eating habits…..
Regular use of herbal medicines and spices…….
Habits: Eating soil ☐ Ice eating ☐ Eat the seal(Torbah) ☐ Wall color eating ☐

Eat plaster and cement walls ☐ Eat toy paint ☐ Other things ☐

Result of abdominal examination: Guarding (Voluntary/Involuntary) ☐ Rebound Tenderness ☐ Abdominal mass ☐ Other things ☐
Touche rectal finding: Anus tone ☐ Anal fissure ☐ Hemorrhoid ☐ Skin tag ☐ Fecal impaction ☐ Other things ☐
Other explanations:

➤In case of constipation, please complete the following items:
Duration of constipation:.....
Positive history of: Delayed excretion of meconium at birth (more than 48 hours) ☐ soiling ☐ Withholding ☐ Other things ☐
Result of abdominal examination: Guarding (Voluntary/Involuntary) ☐ Rebound Tenderness ☐ Abdominal mass ☐ Other things ☐
Touche rectal finding: Anus tone ☐ Anal fissure ☐ Skin tag ☐ Fecal impaction ☐ Other things ☐
Symptoms of constipation: Nausea ☐ Symptoms of anemia ☐ Vomiting ☐ Premature puberty ☐

Constipation ☐	Late puberty ☐
Diarrhea ☐	Heartburn ☐
Black stool ☐	Vaginal bleeding ☐
Dysuria ☐	Headache ☐
Fever ☐	Anorexia ☐
No gas passing ☐	Muscle weakness ☐
Blowing ☐	Paraesthesia ☐
Attention deficit ☐	Lim pain ☐
Difficult kid ☐	Decreased vision and hearing ☐
Learning disability ☐	Bone pain ☐
Concentration disorder ☐	Muscular pain ☐
Other things ☐	

Treatment that have been used for constipation treatment…..
Duration of use…..

Result of abdominal imaging…..

Result of anorectal manometry…..

History of bowel surgery…..

History of Hirschsprung……..

Other things…….

Lab test :

WBC:	LDH:
HCT:	PLT:
RBC:	ALT:
Hgb:	BS:
MCV:	BUN:
Cr:	Na:
K:	P:
ESR:	CRP:
Amylase:	Lipase:
CPK:	CK-Mb:
SE:	TSH:

Basophiling stippling Cell:
Other lab test :

Blood Gas:
PH:
Hco3:
Pco2:
BE:

Initial diagnosis …...

Final diagnosis….

Treatment…..

Duration of hospitalization in the ward(day)...
Requires special care(day)....
Total duration of hospitalization (day)....

Blood lead levels:

Lead care II ……
Atomic absorption …..

Who completed the form?.....

Signature……..