



CDPH Provider Home Lead Investigation Request and Lead Blood Test Notification Referral Follow-Up Form

Services

Referral for capillary results of blood lead levels $\geq 5\mu\text{g/dL}$ done at a community outreach event or mobile health van of which the primary health provider is unknown and a follow-up venous lead test is required.

Notification and referral for follow-up of venous blood lead levels $\geq 45\mu\text{g/dL}$.

Notification and referral for follow-up of a capillary blood lead level $\geq 45\mu\text{g/dL}$ requiring a venous confirmatory test.

Notification of Lead Test Results:

Was the parent/guardian of the child or pregnant person notified of results? Yes No

Was the parent/guardian of the child or pregnant person notified of referral to CDPH ? Yes No

Patient Information: Child Pregnant Woman

Name: Last _____ First _____ MI _____

Patient Date of Birth: ___/___/_____ Sex: () Female () Male

Patient Race: American Indian Asian Black White Other _____

Hispanic/Latin X: Yes No

Parent / Guardian's Name: Last _____ First _____

Mobile Cell # () _____ Home# () _____ Work # () _____

Client Address: Street Number _____ Direction _____ Street Name _____

Unit/Apt # _____ Zip 606 _____, City: Chicago County: Cook State: IL

Other City of Chicago Zip Codes: 60707, 60827 **(Please call for clarification of City of Chicago boundary limits)**

Test Results:

Current Test Date: ___/___/_____ Type: Venous Capillary Test results: _____ $\mu\text{g/dL}$

Previous Test Date: ___/___/_____ Type: Venous Capillary Test results: _____ $\mu\text{g/dL}$

Date current lead level reported to IDPH ___/___/_____ Unknown

Other Sibling (s) with elevated blood lead levels Yes No

Name of Testing Facility(Laboratory, Clinic, Hospital, Mobile Van): _____

Telephone # () _____ Provider requesting lead home inspection or follow-up: _____
(MD, PA, NP, RN)

Address: _____ City _____ State _____ Zip _____

Phone # () _____ Fax# () _____ e-mail _____ (optional)

Comments/ Special Instructions:

Signature: _____ **Date:** _____

(Person Completing Form)

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