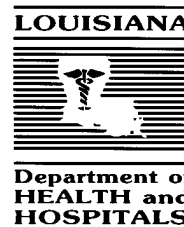




STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
Office of Public Health · Sanitarian Services



REQUEST FOR ENVIRONMENTAL LEAD INVESTIGATION

Please fill out Parts I, II, & III completely. Complete Part IV if residence is rental. The information is necessary for a proper investigation to be arranged, to complete documents needed for Medicaid reimbursement, and for a thorough inspection to help identify the source of lead poisoning.
FAX this form to information at bottom of page:

I. REQUESTER INFORMATION

Date of Request: ___/___/___ Requested by: _____ Telephone: _____
Provider name: _____
Fax: _____
Address: _____ City: _____ State: ___ Zip: _____
Parish: _____

II. PATIENT INFORMATION

Name: _____ Birth Date: ___/___/___ Sex: ___ Race: ___
Social Security No.: _____ - _____ - _____

For Medicaid referrals:

For OPH referrals:

Medicaid No. _____

Home
Address _____
(Street and/or Apt.; P.O. Box not acceptable)

Rent ___ Own ___

City _____ ZIP _____ Phone _____

Parent/Guardian Name _____ Bus. Phone _____

Other residence where patient spends time:

Occupant Name: _____ Phone: _____

Address _____ City _____ State _____ ZIP _____

Owner/Agent Name: _____ Phone: _____

Address _____ City _____ State _____ ZIP _____

III. PATIENT'S LEAD TEST HISTORY

- Provide initial test date and result. Circle type, either venous (V) or capillary (C):

Initial Test: Date ___/___/___ Result ___ug/dl Type: C or V

- Provide most recent follow-up test dates and results. Circle type, either venous (V) or capillary (C):

Date ___/___/___ Result ___ug/dl Type: C or V Date ___/___/___ Result ___ug/dl Type: C or V

Date ___/___/___ Result ___ug/dl Type: C or V Date ___/___/___ Result ___ug/dl Type: C or V

- Attach copies of laboratory reports for all results listed.

IV. RENTAL RESIDENCE INFORMATION

Owner/Agent Name: _____ Phone: _____

Address _____ City _____ State _____ ZIP _____

Other comments which may be helpful to the person performing lead investigation