



State of Louisiana

Louisiana Department of Health
Office of Public Health

Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP)

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 504-568-8253**

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.: _____ - _____ - _____ Medicaid No. _____
Home Address _____ (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 _____

Risk Assessor Information: