



State of Louisiana

Louisiana Department of Health
Office of Public Health

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

Lead Case Reporting Form

Copies of the following form can be used to report lead results. As stated in the Louisiana Childhood Lead Poisoning Prevention Program Rule (LAC 48:V.7001-7007), please provide all of the following information. Please print all information, use separate forms for each patient and fax the completed form to (504) 568-8253.

PATIENT INFORMATION

1. LAST NAME: _____ 2. FIRST: _____ 3. MI: _____
4. SSN: _____ 5. MEDICAID NUMBER (if any): _____
6. DATE OF BIRTH: _____ 7. SEX: FEMALE MALE
8. RACE: Black White Other _____ 9. ETHNICITY: _____

PARENT'S OR GUARDIAN'S INFORMATION

10. PARENT'S OR GUARDIAN'S FULL NAME: _____
11. MOTHER'S FULL NAME: _____ 12. PHONE NUMBER: _____
13. ADDRESS: _____
14. CITY: _____ 15. STATE: _____ 16. ZIP: _____
17. PARISH/COUNTY: _____

BLOOD LEAD AND LAB INFORMATION

18. BLOOD LEAD RESULT: _____ 19. DATE COLLECTED: _____
20. Please circle one: CAPILLARY VENOUS
21. Please circle one: FIRST ANNUAL REPEAT
22. LAB NAME: _____

REPORTING PROVIDER INFORMATION

23. PROVIDERNAME: _____
24. CONTACT PERSON: _____
25. ADDRESS: _____
26. CITY: _____ 27. STATE: _____ 28. ZIP: _____
29. PARISH/COUNTY: _____
30. TELEPHONE: _____ 31. FAX: _____

LOUISIANA HEALTHY HOMES and CHILDHOOD LEAD POISONING PREVENTION PROGRAM
1450 Poydras Street Suite 2046 • New Orleans, Louisiana 70112
Phone #: 504/568-8254 • Fax #: 504/568-8253 • <http://ldh.la.gov/lead>
"An Equal Opportunity Employer"

LOUISIANA HEALTHY HOMES and CHILDHOOD LEAD POISONING PREVENTION PROGRAM
1450 Poydras Street Suite 2046 • New Orleans, Louisiana 70112
Phone #: 504/568-8254 • Fax #: 504/568-8253 • <http://ldh.la.gov/lead>
"An Equal Opportunity Employer"

Revised 6/22/2017