



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: _____
18. E-mail Address: _____

BLOOD LEAD AND LAB INFORMATION

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

REPORTING PROVIDER INFORMATION

24. PROVIDER NAME: _____
25. CONTACT PERSON: _____
26. ADDRESS: _____
27. CITY: _____ 28. STATE: _____ 29. ZIP: _____
30. PARISH/COUNTY: _____
31. TELEPHONE: _____ 32. FAX: _____