



State of Louisiana

Louisiana Department of Health
Office of Public Health

Louisiana Childhood Lead Poisoning Prevention Program (LCLPPP)

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 225-242-0496.

PATIENT INFORMATION

1. LAST NAME: _____ 2. FIRST: _____ 3. MI: _____
4. SSN: _____ 5. MEDICAID NUMBER (if any): _____
6. DATE OF BIRTH: _____ 7. GENDER: _____
8. RACE: _____ 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 INFORMATION

18. BLOOD LEAD RESULT: _____ 19. DATE COLLECTED: _____
20. **CIRCLE ONE:** CAPILLARY VENOUS **CIRCLE ONE:** FIRST ANNUAL REPEAT
21. NEXT SCHEDULED BLOOD LEAD TEST DATE: _____

REPORTING PROVIDER OR LABORATORY INFORMATION

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