



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

OFFICE OF PUBLIC HEALTH § LOUISIANA CHILDHOOD LEAD POISONING PREVENTION PROGRAM

1450 Poydras Street § Suite 2046 § New Orleans, Louisiana 70112

PHONE#: 504/568-8254 § FAX#: 504/568-8253

"AN EQUAL OPPORTUNITY EMPLOYER"

