Instructions for using form EH-52

Section I – Requester Information – information on person *from whom* investigation is requested

Date of Request: date request is sent to LACLPPP
Requested by: name of person requesting the investigation
Telephone: telephone number of Requester
Provider Name: name of medical provider for the child whom request is made
Fax: fax number where Requester can be reached (and Provider's, if different)
Address: address of Requester and Provider's, if different
City: the appropriate city for the above address
State: the appropriate state for the above address
Zip: zip code for the above address
Parish: the parish in which the Requester (and the Provider, if different) resides

Section II – Patient Information – information on child *for whom* the investigation is requested

Name: Full name of child with lead poisoning, as it appears on medical records
Birth Date: Birth date of child
Sex: Put an "F" for a female child or an "M" for a male child
Race: A=Asian, B=Black, H=Hispanic, W=White, O=Other, NR=No Response
Social-Security Number: Child's social security number, needed to link record with other records
For Medicaid Referrals: Give child's assigned Medicaid Number if applicable
For OPH Referrals: Place OPH parish health unit record label or write patient's record # in box.
Home Address: Street address of the child's residence
Rent: Put mark here (√) if residence is rented
Own: Put mark here (√) if residence is owned by parent/guardian
City: City in which child resides
ZIP: ZIP code where child's residence is
Phone: Contact number for child's parent/guardian
Parent/Guardian Name: Full name (first and last name) of child's parent or guardian
Business Phone: Alternate or day time contact number for child's parent or guardian

Other residence where patient spends time:
Requester should ask the parent/guardian if the child spends significant amount of time at another address (e.g. child care, grandparent, or other extended family). If so, the name and address of this person as well as the name of the owner of the property (if applicable) should be stated here.

Section III – Patient's Lead Test History – results of patient's most recent and initial blood lead levels

Initial Test: Provide date of initial blood lead test result
Circle "C" if the initial test was a capillary test;
Circle "V" if the initial test was a venous test
Give the lab result of the initial test

Most recent follow-ups: Provide most recent dates and results of blood lead tests performed after the initial one. Begin with most recent test. Circle type of test, as indicated above. Attach the corresponding lab reports for the listed results.
This information is necessary to confirm the child is eligible for an inspection.

Section IV – Rental Residence Information – If "home address" from Section II was indicated as one that is "rented," then provide the Owner/Agent name of the property in this section. This information may be obtained by asking the parent/guardian. They may or may not know it. Information will be verified by the Lead Inspector.

Other comments which may be helpful to the person performing lead investigation:
Any other comments that may be helpful to the Lead Inspector in identifying the source of lead exposure can be listed in this section.