## **Environmental Lead Investigation Referral Form**

To request an environmental lead investigation (ELI) for a child with a BLL  $\geq$  3.5 ug/dl, please complete the enclosed referral form, include relevant clinical notes, and send via fax (610-891-0559) or email (<u>m.mcerlean@aetinc.us</u>) to AET, Inc.

	☐ Male	Interpreter Required	☐ Yes	□ No	Gua	ardian Language	
					Cui		
Last Name:		Fir	st Name:		MI	DOB	
Street Address:			City		State	Zip Code	Apt
Contact Info	rmation:						
				Primary Phone N	No.:		
Parent/Guardian 1 Name		Relationship		Secondary Phone	No:		
				Email Addre	ess.:		
Parent/Guardia	n 2 Name	Relationship		Parent/Guardian 2 N	No.:		
				Emergency Contact N	No.:		
Emergency Cor	ntact Name	Relationship					
Blood Lead I	Level(s)						
Result (ug/dl)	Date	Type of blood tes	st (i.e. capillary,	finger prick, etc.)		Diagnosis Code	:
Insurance I	nformation	:	ce 🗆 Chip	☐ Commercial	□ Othe	er	
		<u>:</u> □ Medical Assistanc	<u> </u>		□ Othe	er	
		: □ Medical Assistan	<u> </u>	Commercial	□ Othe	er	
Insurance Plan	Name	: ☐ Medical Assistand	Insura	nce ID Number			mail 🗆
Insurance Plan  Referring P	Name	-	Insura ate how you w	nce ID Number	of the EL	I report) 🗆 E	Email □
Insurance Plan  Referring P	Name	-	Insura	nce ID Number	of the EL		mail 🗆
Insurance I Insurance Plan Referring P Last Name Phone Number	Name Provider Inf	-	Insura ate how you w	nce ID Number	of the EL	I report) 🗆 E	Email □
Insurance Plan  Referring F  Last Name	Name Provider Inf	-	Insura ate how you w	nce ID Number	of the EL	I report) □ <b>E</b> PI Number	imail □
Insurance Plan  Referring F  Last Name	Name Provider Inf	-	Insura ate how you w	nce ID Number	of the EL	I report) □ <b>E</b> PI Number	Email □
Insurance Plan  Referring F  Last Name  Phone Number  Name of Practi	Name Provider Inf	ormation: (Please indic	Insura ate how you w	nce ID Number	of the EL	I report) □ <b>E</b> PI Number	Email □
Insurance Plan  Referring F  Last Name  Phone Number  Name of Practi	Name Provider Inf	ormation: (Please indic	Insura ate how you w	nce ID Number	of the EL	I report) □ <b>E</b> PI Number	Cmail 🗆
Insurance Plan  Referring F  Last Name  Phone Number  Name of Practi	Name Provider Inf	ormation: (Please indic	Insura ate how you w	nce ID Number	of the EL	I report) □ <b>E</b> PI Number	mail 🗆
Insurance Plan  Referring F  Last Name  Phone Number	Name Provider Inf	ormation: (Please indic	Insura ate how you w	nce ID Number	of the EL	I report) □ <b>E</b> PI Number	Cmail 🗆

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Sibling 1 Information:	☐ Male ☐ Female	Does this child have an elevated lead l	level? □ Yes □ No
Last Name	First	Name DC	DB
Blood Lead Level Result (ug/dl)	Date Reported	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:
Sibling 2 Information:	☐ Male ☐ Female	Does this child have an elevated lead l	level?  Yes  No
Last Name	First	Name DC	DB
Blood Lead Level Result (ug/dl)	Date Reported	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:
Sibling 3 Information:	☐ Male ☐ Female	Does this child have an elevated lead	level? □ Yes □ No
Sibling 3 Information:  Last Name	☐ Male ☐ Female		
-			
Last Name	First	Name DO  Type of blood test (i.e. capillary, finger prick,	)B
Last Name	First	Name DO  Type of blood test (i.e. capillary, finger prick,	)B
Last Name	First	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:
Last Name  Blood Lead Level Result (ug/dl)	Date Reported	Type of blood test (i.e. capillary, finger prick, etc.)  e Does this child have an elevated lead	Diagnosis Code:  d level?  Yes  No
Last Name  Blood Lead Level Result (ug/dl)  Sibling 4 Information:	Date Reported  Male   Femal	Type of blood test (i.e. capillary, finger prick, etc.)  e Does this child have an elevated lead	Diagnosis Code:  d level?  Yes  No
Last Name  Blood Lead Level Result (ug/dl)  Sibling 4 Information:  Last Name	Date Reported  Male   Femal	Type of blood test (i.e. capillary, finger prick, etc.)  e Does this child have an elevated lead Name DO	Diagnosis Code:  d level?  Yes  No