ELKHART COUNTY HEALTH DEPARTMENT
Phone (574) 523-2127 Fax (574) 523-2145
LEAD REFERRAL

Referral from: CHN/HB M.D. ISDH OTHER: _____

Child's name: _____
Last First MI
Child's Date of Birth: _____
Parent/guardian name: _____
Last First MI
Address: _____
_____
Phone: _____
Language spoken: _____
2nd contact person: _____
Address: _____
_____
Phone: _____
3rd contact person: _____
Address: _____
_____
Phone: _____
Physician (if not Dr. A. Perez): _____
Address: _____
_____
Phone: _____ Fax: _____
Lead result *venous **or** 2 "c" 10 or above: _____Date: _____
Case Manager: _____ Date notified/initials: _____
Case management Time frame for EH: _____
_____

Faxed information to Environmental Health (875-3376): Date/initials: _____
(Must be faxed within 24 hours of receipt of Lead result & EH notified by T.C. if Lead above 45 to make sure fax rec'd).
T.C. to verify fax "v" or "c"above 45: Date/time /initials and who was notified: _____
_____

Directions: _____
_____
_____
_____
Comments: _____
_____
_____
Signature: _____ Date: _____

1/06