

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Complete and fax to (305) 284-0919
Childhood Lead Poisoning Prevention Program

Any questions, please call (305) 470-6877

Patient Name: _____, _____ **Sex:** _____ **Date of Birth:** _____

Last

First

Race: (please check)

Language: (please check)

Ethnicity: (please check)

White

Spanish

Hispanic

African American/Black

English

Non-Hispanic

Asian

Creole

Haitian

Native Hawaiian/Pacific Islander

Other _____

Other _____

Am. Indian/Alaska Native

Other (specify _____)

Country of Birth: _____ **Entry Date to US:** _____

Type of insurance: (please check) Public (i.e. Medicaid) Private Other: _____

Parent/Guardian Name: _____, _____
Last First

Relationship to child: _____ **Phone Number:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Blood Lead Result: _____ $\mu\text{g/dL}$ **Sample Type:** (check one) **Screened Site:** (check one)

Capillary

Clinic

Sample Date: ____/____/____

Venous

CLPPP Clinic

Analyzed Date: ____/____/____

Private Physician

Other Fixed Site

Lab Report Date: ____/____/____

Laboratory sent to: (check one)

Lab Corp

Hemoglobin Test Result: _____ **Date:** _____

Quest/ Nichols Lab

Jackson Memorial Hosp. Lab

PLEASE ATTACH COPY OF LAB TEST RESULT

State Lab

Physician Name: _____

Test Reason: (check one)

Physician Office: _____

Medicaid EPSDT

Follow-up

Provider Address: _____

Routine Screen

City: _____ **State:** _____ **Zip:** _____

Confirmatory

Symptoms

Provider Phone #: _____ **Fax #:** _____