Environmental Lead Investigation Referral Form

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

Patient Information: *(if more than one child in the household has an elevated blood lead level, please reference the child with the highest level as the "patient" and list the remaining children on page 2).*

☐ **Female** ☐ **Male** Interpreter Required ☐ **Yes** ☐ **No** _____ Guardian Language

Last Name: _____ First Name: _____ MI _____ DOB _____

Street Address: _____ City _____ State _____ Zip Code _____ Apt _____

Contact Information:

Parent/Guardian 1 Name _____ Relationship _____

Parent/Guardian 2 Name _____ Relationship _____

Emergency Contact Name _____ Relationship _____

Primary Phone No.:	
Secondary Phone No:	
Email Address.:	
Parent/Guardian 2 No.:	
Emergency Contact No.:	

Blood Lead Level(s)

Result (ug/dl)	Date	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:

Insurance Information: ☐ **Medical Assistance** ☐ **Chip** ☐ **Commercial** ☐ **Other** _____

Insurance Plan Name _____ Insurance ID Number _____

Referring Provider Information: (Please indicate how you want to receive a copy of the ELI report) ☐ **Email** ☐ **Fax**

Last Name _____ First Name _____ NPI Number _____

Phone Number _____ Fax Number _____ Email Address _____

Name of Practice: _____

Comments/Special Instructions: _____

Form completed by: _____ Name _____ Date _____ Phone Number

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Sibling 1 Information: ☐ Male ☐ Female Does this child have an elevated lead level? ☐ Yes ☐ No

Last Name _____ First Name _____ DOB _____

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 level? ☐ Yes ☐ No

Last Name _____ First Name _____ DOB _____

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

Last Name _____ First Name _____ DOB _____

Blood Lead Level Result (ug/dl)	Date Reported	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:

Sibling 4 Information: ☐ Male ☐ Female Does this child have an elevated lead level? ☐ Yes ☐ No

Last Name _____ First Name _____ DOB _____

Blood Lead Level Result (ug/dl)	Date Reported	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code: