

Montgomery County Health Department Elevated Lead Level Reporting Form

Current Date: _____

Child's Name: _____ Child's Date of Birth: _____

Lead Blood Level: _____ *Choose one:* Venous Capillary

Date of Blood Collection: _____

Race: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Phone Number: _____

Physician's Name: _____

Physician's Phone Number: _____

Name of person reporting the lead level: _____

Additional information:

Please fax this form or phone in the above information to the location nearest the client:

<i>Area of the County</i>	<i>Fax</i>	<i>Phone</i>
Western Montgomery County	610-970-5048	610-970-5040
Eastern Montgomery County	215-784-5524	215-784-5415

For Montgomery County Health Department Use Only

Name of MCHD staff receiving report:		
Referral form delivered:	<input type="checkbox"/> Faxed <input type="checkbox"/> Called <input type="checkbox"/> Given	<i>(circle one)</i> Alyssa Halteman, R.N. Donna Allen, R.N. Rhonda Stanek, R.N.