



Childhood Lead Poisoning Prevention Program (CLPPP)
Elevated Blood Level Referral ≥3.5 mcg/dL
2240 E. Gonzales Rd., Ste. 270 Oxnard, Ca 93036
https://vchca.org/clppp
OFFICE: 805-981-5291 FAX: 805-658-4505

Section I Referring Source

Referral by: Phone: Fax:

Agency/Address:

E-Mail Address:

Section II Client Information & Parent Legal Guardian Information

(Print) Last Name: First: AKA:

DOB: Sex: M F Primary Language:

Medical #: Chart #:

Address: City: Zip:

Home Phone: Work Phone: Cell:

Okay to Text

Living with: Relationship to client:

Section III Reason for Referral

*By checking box below, you are acknowledging client is aware of referral

Case management by CLPPP Concerns of lead-paint in home (HHVC Lead abatement)

Elevated BLL Other:

Blood Lead Levels:

Table with 3 columns: DATE, Blood Lead Level, Type of specimen drawn: Venous or Capillary. Includes checkboxes for Venous and Capillary.

Other Blood Results:

Table with 6 columns: DATE, HEMOGLOBIN, HEMATACRIT, FERRITIN, IRON(Fe), TIBC.

Comments:

Signature/Title: Date:

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For internal use only: Referred to HHVC Yes No
Initials Date: