Kentucky Childhood Lead Poisoning Prevention Program
Case Manager Form (2020)

Fax to (502)564-5766

County:	**Date:**	**Patient Name:**	**DOB:**
Case Manager:		**Siblings under 6 years of age:**	
LHD Case Initiated: / /	**Case Closed: / /**	**Referred by PCP?** ☐ Yes ☐ No **Date: / /**	

Closure reason: ☐ Lost to follow-up ☐ BLL below 5µg/dL for 6 months (needed for levels 15 and higher) ☐ BLL below 5µg/dL
☐ Child aged out ☐ Child moved out of county to:_____ ☐ Child moved out of state to:_____
☐ Other Describe:

Patient Address:	**City/Zip**	**Parents/Guardian:**	**Phone:**
Initial Test Date: ____/___/___ BLL result:_____ ☐ Cap ☐ Ven Test Location: _____	**Confirmatory Test Date:** ___/___/__ BLL result:_____ ☐ Cap ☐ Ven Test Location: _____	**Follow-up testing:** ☐ Every 12 weeks (levels between 5-14µg/dL) ☐ Every 4-8 weeks (levels 15µg/dL or higher) ☐ Other, please describe: _____	

Checklist-Confirmed BLL 5 µg/dL and higher:

☐ Provide guardian with lead education (health effects and prevention methods).
☐ Review possible sources and temporary measures to prevent child from accessing potential sources.
☐ Medical nutrition therapy (Dietary interventions including increase in vitamin C, calcium and iron.)
☐ Refer family for WIC services.
☐ Currently receives ☐ Does not qualify ☐ Referred
☐ Review hand washing, and play area and house cleaning interventions.
☐ Complete Home Visit.
Date Completed: ____/____/_____
Attended by: _____

Additional Items-Confirmed BLL 15 µg/dL and higher:

☐ Certified Risk Assessment Referral
Referral: ____/____/_____ Completed: _____/_____/____
Completed by: _____

☐ Medical Evaluation Referral
Referral: ____/____/_____ Completed: _____/_____/____

☐ Medical Nutrition Therapy Referral
Referral: ____/____/_____ Completed: _____/_____/____

☐ Chelation Therapy (at provider's discretion)
Provider:_____ Completed: _____/_____/____

Notes:

Patient Name: **DOB:**

County:

Case Manager:

Use this form to report and track case notes, follow-up testing, communication and other relevant activities.

Date:	

Notes: