**The City of York**

**Pennsylvania**

*101 S. George Street ❖ PO Box 509 ❖ York PA 17405*

www.yorkcity.org

*Honorable Michael Ray Helfrich*

Matthew Howie, MD

Medical Director, Bureau of Health

**Lead Exposure Risk Assessment Referral**

I am referring the child listed below to the City of York – Bureau of Health for a Lead Exposure Risk Assessment because of elevated blood lead levels.

I request that a Lead Exposure Risk Assessment (which includes a lead paint inspection) be performed by a certified Risk Assessor from the City of York – Bureau of Health.

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ins. ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of First Test: \_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fingerstick or Venous: \_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Second Test: \_\_\_\_\_\_\_\_\_\_\_ Lead Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fingerstick or Venous: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_X\_\_ Diagnosis Code R78.71 – Abnormal lead level in blood.**

**Please fax this form to Marilou Yingling, Maternal Child Outreach Worker at 717-843-5605. You may scan and email this form to** **myinglin@yorkcity.org**

**If you have any questions, please call 717-849-2336.**

**PCP Referral form 01/14/18**