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| Michigan Lead Poisoning | Name of Child: |
| Prevention Program | Date of Birth: |
| Referral Tracking Form | MRN: |

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| **Nutrition** | **Health** | **Child Development** | **Housing** |
| WIC | INSURANCE: Healthy Kids MlChild | HeadStart/ Early Head Start | Environmental Investigator |
| Received  Referred: | Received  Referred: | Received  Referred: | Received  Referred: |
| Date | Date | Date | Date |
|  | Chelation Services/ Lead Poisoning Pediatric Consultants | Early On (EBLL>5) or other noted developmental delay | MDHHS Healthy Homes Section |
| Received  Referred: | Received  Referred: | Received  Referred: |
| Date | Date | Date |
|  | Hospitalization |  |  |
| Received  Referred: |
| Date |
|  | Children's Special Health Care Services (all children who have been chelated are eligible) |  |  |
| Received  Referred: |
| Date |

Common Referral Options

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| **Date of Referral** | **Name of Agency** | **Contact at Agency** | **Type of Referral** | **Reason for Referral** | **Date Services Began** | **Notes** |
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Revised 4/20/16 1