

Childhood Asthma and Lead Environmental Case Management

Referral Form

The Childhood Asthma and Lead Environmental Case Management Program is for children (under 19 years old) who have asthma or asthma-like symptoms and/or lead poisoning (blood lead level >3.5 µg/dL), and live in Anne Arundel County. To refer, either call 410-222-7003 or fax completed form to secure fax line 410-222-7144.

Name of Child: _____ DOB: _____

Race/Ethnicity: _____ Primary Language: English Spanish Other _____

Medicaid Recipient: Yes No Pending Uninsured Private Insurance

Primary Care Provider (PCP): _____ PCP Phone Number: _____

Parent(s)/Caregiver Name: _____ Relationship: _____

Address: _____

Email of Parent(s)/Caregiver: _____ Phone Number: _____

For Lead Referrals

Most recent blood lead level _____ µg/dL venous capillary

Date of test _____

For Asthma Referrals

In the past 12 months, has the child had any of the following related to their asthma/asthma-like symptoms?

Emergency department or urgent care visits:

- Yes – How many: _____
 No
 Don't Know

Hospital admissions (overnight):

- Yes – How many: _____
 No
 Don't Know

In the past four weeks, has the patient had:

Daytime asthma symptoms or use of relief medication for more than two days/weeks?

- Yes
 No
 Don't Know

Night time asthma symptoms for two or more nights?

- Yes
 No
 Don't Know

Referring Person: _____ Relationship: _____

Date: _____ Phone Number: _____ Email: _____