



County of Santa Cruz



Health Services Agency Public Health Division

Childhood Lead Poisoning Prevention Program
Post Office Box 962, Santa Cruz, CA 95061
Phone: (831)763-8415 Fax: (831)763-8410

Eligibility Criteria:

1. Pregnant or Elevated Blood Lead Levels ages 0-21 years old
2. Residing within Santa Cruz County

<u>Referral Source</u>				
Name/Title	Agency/Department	Today's Date	Phone Number	Email/Fax
<u>Patient Information</u>		Is Pregnancy Confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name	First Name	Date of Birth:		
		Due Date:	Is this your first pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address and Unit/Suite/Apt		City	Zip code	Primary Phone Number
Secondary Phone Number		Preferred Language:		
		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		
<u>Other Comments:</u>				

Please fax the completed form to (831)763-8410, and address it to CLPPP.