



**Request for Home Lead Risk  
Assessment & Nurse Case Management  
Blood lead levels under 5µg/dL ONLY**

Use this form to request an environmental risk assessment (home lead inspection) and nursing case management for:

- children or pregnant women living in Suburban Cook County whose blood lead levels are **LESS THAN 5µg/dL**, as confirmed by a venous test.

**Please note all blood lead tests – no matter the result – must be reported to IDPH.  
All reported results of 5µg/dL or greater are automatically referred to CCDPH for services,  
if in our suburban Cook County jurisdiction.**

Client's Name:

*Last*

*First*

*Middle*

Parent or Guardian Name:

*Last*

*First*

*Middle*

Birthdate:

Blood Lead Test Date:

Test result:

Address: (number, street, city, ZIP)

Phone number:

County:  
Cook

Name of Healthcare Provider:

Provider Phone Number:

Provider Address:

**\*\*Signature of Provider:**

Date:

**SCAN and EMAIL this form to [kdugal@cookcountyhhs.org](mailto:kdugal@cookcountyhhs.org)**

Children and pregnant women whose levels are **5µg/dL** and greater do not require this form to begin services. This form is to be used **ONLY** to request inspection/case management for children and pregnant women with blood lead levels below **5µg/dL**.

**\*\*signature required**