



# Maternal Screening Consent



Taylor County Public Health  
405 Jefferson St / Bedford, IA

Name (Printed)	Age:	Date of Birth / / mo day year
Address: City, State, Zip:	Phone:	
Doctor: Date of last visit mo day year	Ethnicity (circle all that apply)    White    Hispanic American Indian    Black    Hawaiian American	
Dentist: Date of last visit: mo day year	Medicaid ID number:	
Family Size:                  Estimated monthly income:	Translator:    Yes    No	

Please answer the following questions:

- Are you taking any medicine right now?    \_\_\_ No    \_\_\_ Yes    Please list \_\_\_\_\_  
\_\_\_\_\_
- Are you allergic to anything?                    \_\_\_ No    \_\_\_ Yes    Please list \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ **YES**, I give permission to receive a dental screening and fluoride application.  
 \_\_\_ **NO**, I do not give permission to receive a dental screening and fluoride application.

- Do you see a dentist at least once a year?                    \_\_\_ Yes                    \_\_\_ No
- When was your last dental visit? (please circle one)  
6 months                  1 year                  3 years                  5 years                  Never seen a dentist
- What problems do you have getting dental care? (please circle one)  
Location of dentist                  Transportation                  Cost                  No Barriers                  Other (explain) \_\_\_\_\_
- How do you pay for dental care? (please circle one)  
Self                  Medicaid/Title XIX                  hawk-i                  private dental insurance                  Other \_\_\_\_\_

- I received a Notice of Privacy Practices on \_\_\_\_\_ (insert date).
- I understand that this consent is good for one (1) year unless withdrawn in writing.
- I understand that the services that will be received do not take the place of regular dental checkups at a dental office or a medical check-up by a doctor. No x-rays will be taken.
- I understand that these services are provided under the Iowa Department of Public Health, Maternal and Child Health Program.
- I understand records created and maintained as part of this program are the property of the Iowa Department of Public Health.
- I understand that the information from these records may be shared with the Iowa Department of Public Health (Bureaus of Family Health or Oral & Health Delivery Systems), the Iowa Department of Human Services, or designee.

*Signature*

*Date*

If you need assistance in locating a dentist or paying for dental care, please contact Tara Weed, RDH,  
at Taylor County Public Health; (712) 523-3405 or 1-800-425-0051.