



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- I understand that this consent is good for one (1) year unless withdrawn in writing.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.