

**MADISON COUNTY HEALTH DEPARTMENT
806 WEST COLLEGE AVE.
FREDERICKTOWN, MO. 63645
Phone: (573) 783-2747
Fax: (573-783-8039**

PREGNANCY TEST CONSENT FORM/INFORMATION SHEET

DATE OF TEST: _____

Name: _____ **Birth Date:** _____ **Age:** _____

Medicaid or TEMP #: _____ **Social Security #:** _____

Address: _____ **Phone:** _____

LMP Claimed: _____ **RESULT: Neg.**____ **Pos.**____ **EDC:** _____

Are you a smoker or have you smoked in the last 3 months? **Yes** **No**

RN/LPN Signature: _____

Insurance_____ **ID#**_____ **Grp#**_____

CPT code: 81025 TC **ICD 9:** V22.2/V72.41

I hereby request the Nursing Staff of the Madison County Health Department to test my urine for pregnancy. I understand that there is error of approximately 3% to 4% in a urine test. I further understand that the accuracy of the diagnosis by urine, whether positive or negative, is not guaranteed, and the Nurse's diagnosis with respect to the stage of my pregnancy depends in part on information furnished by me. I release the Madison County Health Department and employees from any and all liabilities arising out of or connected with this pregnancy test, particularly with regard to any inaccuracy in the results of the test.

I hereby give my permission to the Nursing Staff of the Madison County Health Department and others authorized by them to use information contained in my medical record for statistical purposes, with the understanding that confidentiality will be maintained.

If your pregnancy test is POSITIVE, it could be interpreted as any of one of the following:

1. An early pregnancy (under 4 weeks of fetal development).
2. An ectopic or tubal pregnancy (pregnancy outside the womb).
3. Spontaneous miscarriage under 4 weeks of pregnancy (1 of every 3 to 4 women have).

The symptoms of an ectopic or tubal pregnancy or spontaneous miscarriage might include cramping, severe abdominal pain, spotting or bleeding. If you have any of these symptoms after having a positive pregnancy test, see your private doctor or call the emergency room.

A NEGATIVE test result can be interpreted to mean that you are not pregnant or that it is simply too early to tell.

A urine testpack procedure was performed on my urine sample. I have read the information provided and understand the meaning of my test results.

CLIENT SIGNATURE: _____

Referrals: WIC___ Medicaid/DFS___ Counseling___ Family Planning___ RHC___

Doctor: _____ Other: _____

Risk Appraisal Done___ TEMP Done___ or N/A___ No referrals needed:_____

Primary Care Physician: _____