



Anticipatory Guidance and Blood Lead Refusal Form

Provider instructions: Please have the parent or guardian review and sign the information below. Complete the bottom portion and retain this form in the patient's medical record.

Parent or guardian refusal of blood lead testing:

I verify that I have been made aware of the serious and long-term health effects of lead poisoning on children between the ages of 6 months and 6 years. I understand that a blood lead test is the only way to identify if my child has been exposed to lead. I refuse blood lead testing for my child.

Reason(s) for refusal: _____

Print child's name: _____ Child's date of birth: _____

Parent or guardian signature: _____ Date: _____

If you have any questions, please contact CalOptima Health Customer Service at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **711**), Monday through Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language. Visit us at **www.caloptima.org**. The State Medi-Cal Managed Care "Ombudsman Office" can help you with any questions. You may call them at **1-888-452-8609**.

Provider use only:

Anticipatory guidance:

- Check box if verbal or written anticipatory guidance was provided to the parent or guardian. For more information, visit: [California Department of Public Health Anticipatory Guidance](#).

If parent or guardian signature is withheld:

- Check box if the parent or guardian declined to sign this Anticipatory Guidance and Blood Lead Refusal form.

- Check box if the parent or guardian is unable to sign this Anticipatory Guidance and Blood Lead Refusal form.

Reason(s) why parent or guardian is unable to sign: _____

Provider Signature or Stamp: _____ Date: _____