

# Prenatal Oral Health Information Form

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone: \_\_\_\_\_

Est. Delivery Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Tell Us About Your Dental Routines.

Choose the answer that is most similar to your dental care routine.

For office use only

A \_\_\_\_ B \_\_\_\_ C \_\_\_\_

### 1. How often do you visit a dental professional?

- a. Once every six months.
- b. Once a year.
- c. Once every few years or never.

### 2. How often do you brush your teeth?

- a. Once or twice a day.
- b. A couple times a week.
- c. Not very often.

### 3. How do you satisfy your pregnancy cravings?

- a. I usually eat healthy food like fruits, vegetables, whole grains, yogurt or cheese.
- b. Sometimes I eat healthy things, but I also eat sugary/salty snacks like cookies and chips.
- c. I mostly eat sugary/salty snacks like cookies and chips.
- d. Other. Please describe \_\_\_\_\_

### 4. What do you usually drink during the day?

- a. Mostly water, milk, or other sugar-free beverages.
- b. Some water and some soda, juice, coffee or tea.
- c. Mostly soda, juice, coffee, or tea.
- d. Other

### 5. How often do you floss?

- a. At least once a day.
- b. Every few days or at least once a week.
- c. Not very often or never.

### 6. Do you smoke or use any tobacco products?

(including cigarettes, e-cigarette (vaping) devices or chewing tobacco)

- a. No.
- b. Yes, but rarely.
- c. Yes, regularly.

### 7. What do you do after you experience morning sickness?

- a. Rinse my mouth out with a baking soda and water solution.
- b. Brush my teeth and/or rinse with just water.
- c. Nothing.
- d. I don't get morning sickness.
- e. Other. Please describe \_\_\_\_\_

### 8. Are you experiencing any pain, bleeding or hot/cold sensitivity in your teeth or gums today?

- a. No.
- b. A little bit.
- c. Yes. Please describe \_\_\_\_\_

### 9. Have you had any dental work (fillings, extractions, root canals, etc.) done in the past 12 months?

- a. No.
- b. Yes. Please describe \_\_\_\_\_
- c. I need dental work, but I haven't received it.

### 10. Do you have dental insurance?

- a. Yes.
- b. I don't know.
- c. No.

