

"Teeth for Two" Risk Assessment and User's Guide

Name: _____ Due date: _____

Dentist: _____ Date of last routine dental visit: _____

			Priority	Teeth for Two
Do you know when your baby's mouth starts to develop in utero?	N/A	Yes	No	Module 1
Are you experiencing any nausea or vomiting?	N/A	No	Yes	Module 2
Do you believe that pregnancy can damage your teeth?	N/A	Yes	No	Module 2
Do you know why cavities happen?	N/A	Yes	No	Module 3
Does your toothpaste have fluoride in it?	N/A	Yes	No	Module 3
Have you been diagnosed with diabetes?	N/A	No	Yes	Module 4
Do you know that if you have gum disease, it can affect your overall health?	N/A	No	Yes	Module 4
Do you know what foods are bad for your teeth?	N/A	Yes	No	Module 5
Do you brush and floss your teeth every day?	N/A	Yes	No	Module 6
Have you noticed any changes in your mouth during pregnancy?	N/A	No	Yes	Module 7
Do you think you might have cavities?	N/A	No	Yes	Module 8
Have you had your teeth checked and cleaned since you've been pregnant?	N/A	Yes	No	Module 8
Do you know how to care for an infant's mouth?	N/A	Yes	No	Module 9

Topics for Future Visits:

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1. Module # _____ Notes: _____ Date completed: _____
 2. Module # _____ Notes: _____ Date completed: _____
 3. Module # _____ Notes: _____ Date completed: _____
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Interviewer _____ Date: _____