



Getting to Know Me

Information for Your Dental Office While You Are Pregnant

Please fill out this form about yourself. The information you give will help the dental office staff understand and meet your needs. Bring it with you to your dental appointment.

My name: _____ My age: _____

I'm _____ weeks pregnant My baby's expected due date is: _____

My last dental visit was: 6 months ago 12 months ago more than 12 months ago
 I can't remember

I'm receiving prenatal care: Yes No The name of my prenatal care provider and their office phone number are: _____

I do the following things to take care of my mouth and teeth: _____

I have the following questions about taking care of my mouth and teeth: _____

During my pregnancy, I've experienced the following things:

- | | |
|---|--|
| <input type="checkbox"/> Bad taste in my mouth | <input type="checkbox"/> Morning sickness (nausea, vomiting, gastric reflux) |
| <input type="checkbox"/> Swollen and/or bleeding gums | <input type="checkbox"/> Toothaches/pain/swollen face |
| <input type="checkbox"/> Gagging when brushing | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Loose teeth | |

During this pregnancy, I: smoke vape drink alcohol

During this pregnancy, I feel the best during these times of the day: _____

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School readiness begins with health!



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