

MATERNAL AND INFANT ORAL HEALTH INITIATIVE

About You, the Mother!



NAME: _____ DATE: _____

What is YOUR date of birth?

____ / ____ / ____

Are you part of a
“Centering Pregnancy” program?

☐ Yes

☐ No

What is your CHILD’S expected
birthdate (due date)?

____ / ____ / ____

DURING A NORMAL DAY...

Do you drink juice or sugary drinks or eat sugary snacks between meals?

☐

☐

Do you brush teeth twice daily with a fluoride toothpaste?

☐

☐

Do you use tobacco products?

☐

☐

ABOUT YOU

Is this your 1st pregnancy?

☐

☐

Do you currently have any pain in your mouth or your teeth?

☐

☐

VISITING THE DENTIST

Have you ever visited a dentist for pain or cavities?

☐

☐

Have you had any cavities, fillings, or teeth pulled during the past year?

☐

☐

Have you seen any changes (white or brown spots or holes) on your teeth in the past year?

☐

☐

STOP! STOP! STOP! Your hygienist will do the rest! STOP! STOP! STOP!

D0191 ASSESSMENT

Gingivitis
Risk

☐

Periodontal
Disease

☐

Infection
Risk

☐

CARIES
RISK

High
☐

Moderate
☐

Low
☐

SINCE
MOM’S

New
Extraction(s)

New
Fillings

New
Cavities

LAST VISIT #

#

#

TRIMESTER
(Circle One)

1ST

2ND

3RD

If post-partum visit, write in baby’s name and DOB

CHILD’S DOB:

CHILD’S NAME:

PREVENTION

Patient Education

☐

☐

BRUSH WITH
FLUORIDE

☐

INTERVENTION

Before
Pregnancy

Last Visit

Today

D1110 Prophylaxis

☐

☐

☐

D1351 Sealant(s)

☐

☐

☐

DENTAL HOME

☐

☐

☐

FAMILY CARE

D1120 Child
Prophylaxis

#

D1206 FV
(Ages 0 to 3)

#

D1206 FV
(Ages 3 to 16)

#



MATERNAL AND INFANT ORAL HEALTH INITIATIVE

About You, the Mother



DATE: _____

What is YOUR date of birth?

Are you part of a
"Centering Pregnancy" program?

☐ Yes

☐ No

What is your CHILD'S expected
birthdate (due date)?

DURING A NORMAL DAY...

Do you drink juice or sugary drinks or eat sugary snacks between meals?

Do you brush teeth twice daily with a fluoride toothpaste?

Do you use tobacco products?

Yes

No

☐

☐

☐

☐

☐

☐

ABOUT YOU

Is this your 1st pregnancy?

Do you currently have any pain in your mouth or your teeth?

☐

☐

☐

☐

VISITING THE DENTIST

Have you ever visited a dentist for pain or cavities?

Have you had any cavities, fillings, or teeth pulled?

Have you seen any changes (white or brown spots) on your teeth?

☐

☐

☐

☐

☐

☐

The unique ID# will help
link anonymous data over the
entire pregnancy.

Hygienists can use the
answers here to help guide
the D0191 Assessment
conducted for every patient.

CODE	PROCEDURE	FEE (MEDICAID)
D0191	Assessment of a Patient	14.89
D1110	Dental Prophylaxis (Adult)	
	0-19 years old	27.72
	19-124 years old	22.10
D1120	Dental Prophylaxis (Child)	19.53
D1206	Topical Fluoride Varnish	
	0-3 years old	9.00
	3-16 years old	13.23
D1208	Topical Fluoride (Not Varnish)	**13.23
D1351	Dental Sealant Per Tooth*	15.12
	*Young mother without caries on molar but with incipient decay	**Not measured

STOP! STOP! STOP! Your hygienist will complete this section.

D0191 ASSESSMENT

Gingivitis
Risk
☐

Periodontal
Disease
☐

Infection
Risk
☐

CARIES
RISK

High
☐

Moderate
☐

Low
☐

SINCE
MOM'S
LAST VISIT #

New
Extraction(s)

New
Fillings

New
Cavities

TRIMESTER
(Circle One)

1ST

2ND

3RD

CHILD'S DOB:

CHILD'S NAME:

DENTAL HOME

FAMILY

D1120 Child
Prophylaxis

D1206 FV
(Ages 0 to 3)

D1206 FV
(Ages 3 to 16)

If post-partum visit, write in this space.

The lower section should be completed for EVERY patient. We will measure provision rates over the entire pregnancy and follow every patient using a unique patient ID# that hygienists will write in the top right of this page.

We will also measure risk as assessed by the hygienist in this section and compare it to answers given by patient above.

Finally, we will track patient referrals with the family as unit of analysis!

