

## 市外の歯科医療機関にて妊婦歯科健診を受診する際の注意点

(母子手帳の記載ページ)

| 妊娠中と産後の歯の状態                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
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| <p>歯の状態記号：健全歯／ むし歯(未処置歯)C<br/>処置歯O 喪失歯Δ</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                    |   |   |   |   |   |   |   |   |   | 初回診査 年 月 日 |        | 妊娠 |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                    |   |   |   |   |   |   |   |   |   | 妊 娠 週      |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                    |   |   |   |   |   |   |   |   |   | 要 治 療 の    | なし     |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                    |   |   |   |   |   |   |   |   |   | む し 歯      | あり( 本) |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                    |   |   |   |   |   |   |   |   |   | 歯 石        | なし あり  |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 歯 肉 の                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   | なし                 |   |   |   |   |   |   |   |   |   |            |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 炎 症                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   | あり(要指導)<br>あり(要治療) |   |   |   |   |   |   |   |   |   |            |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 特 記 事 項                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 施 設 名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 又 は                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 担 当 者 名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
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| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 | 6                  | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5          | 6      | 7  | 8 | 妊娠・産後 週 |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 | 6                  | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5          | 6      | 7  | 8 | 歯 石     | なし あり              |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 特記事項                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   | 歯肉の     | なし                 |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   | 炎 症     | あり(要指導)<br>あり(要治療) |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 年 月 日 診査                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                    |   |   |   |   |   |   |   |   |   | 施設名又は担当者名  |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
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| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 | 6                  | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5          | 6      | 7  | 8 | 歯 石     | なし あり              |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 特記事項                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   | 歯肉の     | なし                 |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   | 炎 症     | あり(要指導)<br>あり(要治療) |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| 年 月 日 診査                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                    |   |   |   |   |   |   |   |   |   | 施設名又は担当者名  |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |
| <p>※むし歯や歯周病などの病気は妊娠中に悪くなりやすいものです。歯周病は早産等の原因となることがあるので注意し、歯科医師に相談しましょう。</p> <p>※歯科医師にかかるときは、妊娠中であることを話してください。</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |                    |   |   |   |   |   |   |   |   |   |            |        |    |   |         |                    |   |   |   |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |     |                    |          |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |         |  |

🌸 申請時に確認しますので、必ず母子手帳の『妊娠中と産後の歯の状態』を記録するページに**健診結果**、**受診日**、受診した**医療機関名**を記入してもらってください。