

**VCU Centering Pregnancy
Oral Health Intake Questions Pilot Project**

Questions added to the intake form:

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|---|-----|----|
| 1. Are you currently pregnant? | Yes | No |
| 2. Are you on Medicaid? | Yes | No |
| 3. Do you have a regular dentist? | Yes | No |
| 4. If yes, have you seen them in the last six months? | Yes | No |

Dr. Shillpa Naavaal BDS, MS, MPH
Diplomate, American Board of Dental Public Health
Assistant Professor
Oral Health Services Research Core
Philips Institute for Oral Health Research
Pediatric Dentistry
Virginia Commonwealth University
naavaals@vcu.edu