1歳児歯科相談(歯ッピー教室)のお知らせ

Dental health talk for 1 Years Old Notification

Please come for a Dental health talk.

	Date and Tim	e 日時						
[Date]	year/	month/ day ()						
[Time]								
	If you will not b	e able to come this time,please ask us another schedule and come to it.						
[Belongings]		*Maternal and Child Health Handbook						
		*towel						
		*this information postcard (questionnaire sheet ※must fill in)						
[Contents]		*Dental hygienist will talk about oral health such as prebention of cavity.						
		We use tooth model for tooth brushing instruction.						
		※It is not a check up by dentist this time.						
		Your next check up will be 1 and a half years old. We will send notification to target people.						
All of the	people are require	ed to take a temperature at home beforehand.						
Please cl	nange the schedule	e if you or your family don't feel well or have a fever.						
Please co	oope r rate in wearir	ng a mask and preventing infection.						
Please co	ome with the minin	num number of people.						
[Place/C	ontact]	Do not come by car, Please						

2021.04

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●保護者の方へ・・・事前に記入し、健診日に必ずお持ちください。

Please fill in the form beforehand and bring it to the dental health talk day surely.

Date of hirth

Name of child:			Date of birth:	year/ mo	nth/ day/	
あてはまる答えに〇、または必要	な内容を記入をして下	 ຮເນ。 Pleas	se Ocircle or fi	ll in the necess	ary things.	
[1]What do you want to know	from today's dental h	nealth talk? 聞	きたいことは何です	か。		
歯のみがき方	歯みがき	剤 :	フロスの使い方		おやつ	
•How to brush child's teeth	Toothpaste		 How to floss child's teeth 		•Sweet snacks & drink	KS
フッ素 •Topical fluorides	指しゃぶり •Thumb-sucking	・おしゃぶり ・Pacifier	その他 •Others			

[2] Please fill in the form about eating habit, how to tooth brushing, home dentist and so on.

食習慣や歯みがきの様子、かかりつけ歯科医等、ご記入ください

Name of child.

アメ・チョコ・ガム・アイスなど甘いお菓子を食べますか Dose your child have sweet snacks like candy, chocolate, gum, ice cream and so on? ジュース・乳酸放料・スポーツドリンウなど甘い飲み物を飲みますか Dose your child have sweet drink like juice, fermental lactic drink, sports drink and so on? 製る前や夜中に母乳やミルク等を飲みますか Dose your child drink mother's or bottle milk and others before bed? 献まない No Mother's milk Milk and others 哺乳瓶を使って水やお茶以外のものを飲みますか Dose your child drink mother's or bottle milk and others before bed? No No No Mother's milk Milk and others 哺乳瓶を使って水やお茶以外のものを飲みますか Dose your child use a baby bottle to drink something other than water or tea? No No No No No Mother's milk Milk and others はい (何を) Yes (What's) コップで水を飲む練習をしてますか? Is your child practicing drinking water in a cup? No	XIX.II.	, _ ps, , ,, ee .		1				
Dose your child have sweet drink like juice, fermental lactic drink, sports drink and so con? Dose your child have sweet drink like juice, fermental lactic drink, sports drink and so con? No								
Dose your child drink mother's or bottle milk and others before bed? 「中華 いっぱっぱ はい (何を)	Dose your child have sweet drink like juice, fermental lactic drin		. —					
Dose your child use a baby bottle to drink something other than water or tea? No Yes (What's) コップで水を飲む練習をしてますか? Is your child practicing drinking water in a cup? お子さんは間食を一日に何回しますか(甘い飲み物含む) How many times dose your child eat snacks between 3meals in a day?(including sweet drink) 歯みがきの準備としてお子さんのお口を毎日さわっていましたか? Did you touch your child's mouth for preparing toothbrushing? I 仕上げ磨きをしている(子どもが磨いた後、保護者が仕上げ 磨きをしている) Yes Guardian does follow up brushing after childs brushing 2 子どもが自分で磨かずに、保護者だけで磨いている No Only child dose toothbrushing 4 子ども保護者も磨いていない No Both don't do toothbrushing お子さんはかかりつけ歯科医はありますか Dose your child have any family dentist(doctor)? Dose your child have a regular dental checkup or regular preventive treatment at home dentist? フリーニング・フッ素塗布・治療								
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Did you touch your child's mouth for preparing toothbrushing? The proparing toothbrushing Yes UCUY2 Sometimes No	How many times dose your child eat snacks between 3meals in			3回以上 More than 3 times				
Yes-Guardian does follow up brushing after childs brushing 2 子どもが自分で磨かずに、保護者だけで磨いている Yes-Only guardian does toothbrushing 3 子どもだけで磨いている No-Only child dose toothbrushing 4 子ども保護者も磨いていない No-Both don't do toothbrushing お子さんはかかりつけ歯科医はありますか Does your child have any family dentist(doctor)? Dose your child have a regular dental checkup or regular preventive treatment at home dentist? Dose your child have a regular dental checkup or regular preventive treatment at home dentist? クリーニング・フッ素塗布・治療		Yes していた		· · · · -				
Does your child have any family dentist(doctor)? Pes(Dose your child have a regular dental checkup or regular preventive treatment at home dentist? にいえ No No で 対リーニング ・ フッ素塗布 ・ 治療	Yes-Guardian does follow up brushing after childs brushing 2 子どもが自分で磨かずに、保護者だけで磨いている Yes-Only guardian does toothbrushing 3 子どもだけで磨いている No-Only child dose toothbrushing 4 子どもも保護者も磨いていない							
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	定期健診 ・ クリーニング ・ フッ素塗布 ・ 治療							
					いいえ	何ともい		
Do you have a regular dental checkup of regular preventive treatment at home dentist? に対した に対した No No No No No No Neither	定期健診・・・・クリーニング・・・・フッ素塗布・・治療							
保護者の方は、歯間ブラシやデンタルフロスを使っていますか 毎日使っている More than once a Do you(parents)use dental floss or interdental brushes in addition to tooth brush? Everyday No	保護者の方は、圏間フランやテンダルプロスを使っていますか 毎日使っている More than once a							

^{*}その他、育児についてご相談がありましたらお声かけください。

お答えいただいた内容と健診結果は、個人情報の保護に十分配慮した上で子育てや健康に関する資料として活用します。 また収集した個人情報については適正かつ安全に取り扱います。

The contents and diagnosis results that you have answered will be used as a deta on child care and health, with due consideration to protection of personal information. We also properly and safely handle the personal information we have.

^{*}Please speak to us if you have any other concern of your child.