Social and Dental History — Form 2

Please write clearly

For office use
CHI Number D D M M Y Y

Surname _____

Forename _____

When did you last see a dentist? (If you cannot remember please tick the option most likely)

- ☐ Within the past 6 months
- ☐ 6 months to 1 year ago
- ☐ 1 - 2 years ago
- ☐ More than 2 years ago
- ☐ Never been to the dentist

Please tick appropriate box	Yes	No	Unsure	Further details
Have you received any dental treatment under local anaesthetic (injection in the gum)? If yes, please note whether it caused you any problems	☐	☐	☐	_____
Do you currently have any problems or concerns with your teeth, gums or mouth?	☐	☐	☐	_____
Do you play a sport where you have the potential to damage your teeth?	☐	☐	☐	_____
Do you wear a denture, brace or retainer?	☐	☐	☐	_____
As far as you are aware do you grind or clench your teeth?	☐	☐	☐	_____
Do you have a family history of gum disease (periodontitis)?	☐	☐	☐	_____
Are you anxious or nervous about attending the dentist?	☐	☐	☐	_____

Which of the following do you use each day? (Please tick appropriate boxes)

- ☐ Fluoride toothpaste
- ☐ Sugar-free chewing gum
- ☐ Mouthwash
- ☐ Fluoride tablets or drops
- ☐ Dental floss or any other oral health
- ☐ Not applicable

Which of the following do you have each day? (Please tick appropriate boxes)

- ☐ Sugary carbonated (fizzy) drinks
- ☐ Around 5 portions of fruit and vegetables
- ☐ Diet carbonated (fizzy) drinks
- ☐ Sugary treats (sweets and biscuits) between meals
- ☐ Sugar in hot drinks

PTO

Social and Dental History — Form 2 (cont.)

Have you ever used chewing tobacco, paan, gutkha supari or beetle quid?
(Please tick appropriate box)

Yes	No	Unsure	Please specify
☐	☐	☐	_____

Smoking Status (Please tick appropriate box)

☐ I have never smoked

☐ I am an ex-smoker — Number of years an ex-smoker _____

☐ I am a smoker — Number of cigarettes etc smoked per day _____

Alcohol Consumption

1 unit of alcohol = half a standard 175ml glass of wine (12.5% abv)
half a pint of normal strength beer, lager or cider (4% abv)
one 25 ml measure of spirits (40% abv)

On average how many units do you drink in a week? _____ units

What is the largest number of units you drank in a single day in the last week? _____ units

All Patients

In your view, how likely is it that the health of your teeth will affect your overall wellbeing?
(Please tick appropriate box)

☐	☐	☐	☐	☐
1	2	3	4	5
Not likely at all				Very likely

Additional Information

After you have completed this form please return it to a member of the Dental Team.

Signature of Patient, Parent or Carer _____ **Date** _____