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

Have you received any dental treatment under local anaesthetic (injection in the gum)? If yes, please note whether it caused you any problems

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] Further details

Do you currently have any problems or concerns with your teeth, gums or mouth?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] Further details

Do you play a sport where you have the potential to damage your teeth?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] Further details

Do you wear a denture, brace or retainer?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] Further details

As far as you are aware do you grind or clench your teeth?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] Further details

Do you have a family history of gum disease (periodontitis)?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] Further details

Are you anxious or nervous about attending the dentist?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] Further details

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
**Social and Dental History**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Please specify</th>
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<tbody>
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<td></td>
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</table>

**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**

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

**Signature of Patient, Parent or Carer**

__________________________

**Date**

__________________________