**Social and Dental History**

**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
- [ ] 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
**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>
</tr>
</thead>
</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 = Not likely at all
2
3
4
5 = 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**

__________________________