ORAL HEALTH RISK FACTORS

Patient's Name _____

1. Do you smoke or have you EVER smoked? (If No, proceed to question 2)

The amount that you are presently smoking (check ALL that apply)
_None (quit smoking completely) _Less than 1 pack of cigarettes per day _An occasional cigar
_An occasional cigarette _1-2 Packs of cigarettes per day _Cigars on a daily/regular basis
_A few cigarettes per day _2 or more packs of cigarettes per day _A pipe on daily/regular basis

If you have quit smoking, when did you quit?
_Less than 6 months ago _6 months to a year ago _1-3 years ago _over 20 years

How many years have you or did you smoke?
_Less than 2 years _2-5 years _5-10 years _10-20 years _Over 20 years

2. Do you / Have you EVER chew/chewed tobacco or use/used snuff or other similar substance?
✿✿✿ Yes __No (If No, proceed to question 3)

Are you STILL using smokeless tobacco or snuff? ✿✿✿ Yes __ No

If No, WHEN did you quit?
_Less than 6 months ago _6 months to a year ago _1-3 years Ago _Over 3 years ago

How many years have you used smokeless tobacco?
_Less than 1year _1-2 years _2-5 years _Over 5 years

3. Approximate average amount of alcoholic beverages presently consumed per week:
_None _Less than 1 per week _1-5 drinks _6-11 drinks _11-20 drinks _Over 20 drinks

4. Do you have or have you ever had a substance abuse problem? ✿✿✿Yes ✿✿✿No
Describe_____

5. Do you presently use any recreational drugs? ✿✿✿Yes ✿✿✿No
List _____

6. Do you have or have you ever had an eating disorder? ✿✿✿ Yes ✿✿✿ No
If Yes, Please Specify: _____

7. Do you have or have you ever had any head, neck or mouth piercing(s)? (Other than ears)
✿✿✿Yes ✿✿✿No List_____

8. Do you have or have you ever been informed that you have been infected with an oncogenic strain (possible cancer-causing) of the Human Papillomavirus (HPV)? ✿✿✿ Yes ✿✿✿No

9. Please list your history or any family member's history of cancer:
_____
_____

10. Other concerns and considerations: _____
_____

Signature_____ Date _____
(Parent or guardian, if patient is a minor)

Reviewed By:_____