```PRIVATE AND CONFIDENTIAL

# Patient Social History

For completion by patient at the oral health assessment (OHA) and reviewed at oral health review (OHR), in conjunction with the patient medical history form.

Please answer the following questions to help the dental team assess your risk of dental (mouth) disease now and in the future. Please complete all questions that apply to you. Your answers will help the dental team give you the best advice and care. This information is confidential and will be kept as part of your dental record. If you choose not to answer any question please leave your answer blank, but this may reduce the advice and care your dental team can provide.

| **SECTION A – To be completed for all patients** | | |
|---|---|---|
| 1. Do you use fluoride toothpaste? | Yes | No |
| 2. As far as you are aware do you clench or grind your teeth? | Yes | No |
| 3. Which of the following do you have each day? (please tick all that apply)<br>☐ Medicines containing sugar<br>☐ Sugary carbonated (fizzy) drinks such as Isotonic sports drinks and Acidic fruit juices<br>☐ Diet carbonated (fizzy) drink<br>☐ Sugary treats between meals<br>☐ Sugar in hot drinks<br>☐ Sugary snack or drink before bedtime | | |
| **SECTION B – to be completed for child patients (less than 18 years of age)** | | |
| 4. Have you had any tooth decay before? | Yes | No |
| 5. Do you have any brothers/ sisters who have had tooth decay in the last two years? | Yes | No |
| 6. Do you wear a fixed or removable brace (orthodontic appliance) or retainer? | Yes | No |
| **SECTION C – to be completed for adult patients (18 years and over)** | | |
| 7. Have you had any tooth decay in the last 2 years? | Yes | No |
| 8. Do you smoke cigarettes or use any form of tobacco (including smokeless tobacco products) | Yes | No |
| If you answered yes, approximately how many, or how often per day? | | |
| 9. Do you drink alcohol? | Yes | No |
| If you answered yes, approximately how many units per week do you drink? | | |
| *In the UK one alcohol unit equals one 25ml single whisky, or a third of a pint of beer (ABV 5-6%) or half a standard (175ml) glass of red wine (ABV 12%)* | | |
| To the best of my knowledge, all the information given on this form is accurate and complete.<br><br>Signed ----------<br><br>Date ----------<br><br>I am the patient/ guardian/ carer (please delete as appropriate) | This information was reviewed by:<br><br>Dentist ----------<br><br>Signature ----------<br><br>Date | |
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