



Social and Dental History

Full Name

When did you last see the dentist?

- Within 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 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 clench or grind your teeth?

Do you have a family history of gum disease?

Are you anxious or nervous about attending the dentist?

Which of the following do you use daily?(please tick appropriate boxes)

- Flouride toothpaste Sugar-free chewing gum Mouthwash
- Flouride tablets or drops Dental Floss or similar Not applicable

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

- Sugary carbonated drinks About 5 portions of fruit and vegetables
- Diet carbonated drinks Sugar in hot drinks Sugary treats (sweets and biscuits between meals.

Do you smoke? Yes No If so, how many per day

On average how many units of alcohol do you drink in a week?(units)

In your view, how likely is it that the health of your teeth will affect your overall wellbeing?

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- 1 *Not likely at all* 2 3 4 5 *Very likely*

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