

FEMALE PATIENTS

Are you, or might you be pregnant?

Yes

NO

Give Details:

DRINKING (UNITS PER WEEK)

How many units of alcohol do you drink per week?

(A unit is half a pint of Lager, a single measure of spirits or wine)

SMOKING

YES

NO

IN PAST

QUANTITY:

Do you smoke any tobacco products now (or in the past)?

How many times per day?

Do you chew tobacco, pan, or use Gurkha or Supari now (or in the past)?

How many times?

Who was your previous dentist?

When was the last time you visited a dentist?

COMPLETED BY:

Self?

Parent?

Guardian?

Signature:

Date: