

Medical health risk factors

Occupation:

| |
|--|
| |
|--|

Smoking:

Do you smoke?

Yes / No

No. per day?

Smoked for how many years?

Given up for (years / months)

Alcohol:

Do you drink alcohol?

Yes / No

Drinks per week?

Stress:

How stressed are you?

(indicate for the last 6 months, please circle one only)

Not at all 1 2 3 4 5 6 7 8 9 10 Very

Weight:

Is your waist measurement over...

...35 inches / 89cm (for women)

Yes / No

...36 inches / 92cm (for men)

Yes / No

Dental history

How long since your last dental visit? (years / months)

Are you anxious about dental treatment?

Yes / No

How anxious are you? (please circle one only)

Not at all 1 2 3 4 5 6 7 8 9 10 Very

Particular things that make you anxious?

Are you happy with the appearance of your teeth?

Yes / No / could be improved

Please specify:

Anything else we need to know about?

Family medical history

In your family is there a medical history of (please tick as appropriate)

| | Yes | No | Don't know |
|---------------|-----|----|------------|
| Diabetes | | | |
| Heart disease | | | |
| Arthritis | | | |
| Alzheimers | | | |
| Lung disease | | | |
| Stroke | | | |

How did you find out about Warwick's Dental Health?

Advert

Referring dentist

Street Sign / window

Internet search engine (please specify) _____

via www.kateismydentist.co.uk

Another patient/friend _____

Other (please specify) _____

Year 1

Patient Signature

Date:

Year 2

Patient Signature

Date:

Year 3

Patient Signature

Date: