JERRY W. REEVES DDS, PA
GENERAL • COSMETIC • IMPLANT
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ORAL HEALTH RISK FACTORS

Patient's Name: _____

1. Do you smoke of have you EVER smokes? (If no, proceed to question 2) □ No □ Yes
The amount that you are presently smoking (check ALL that apply)
□None (quit smoking completely) □Less than 1 pack of cigarettes per day □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 □Pipe on daily basis

If you have quit smoking, when did you quit?
□ Less than 6 months ago □ 6 months-1 year ago □ 1-3 years ago □ Over 20 years ago

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 substances?
□ 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-1 year ago □ 1-3 years ago □ Over 3 years ago

How many years have you used smokeless tobacco?
□ Less than 1 year □ 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 If Yes, please 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 you 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:_____