

# Social History Form

## Private and Confidential

### Your Social History

Details:

1. Do you drink alcohol?      Yes / No ..... units per week
2. Do you smoke?              Yes / No ..... per day
3. Do you do contact sport?    Yes / No ..... type
4. Do you drink fizzy drinks?    Yes / No ..... can, bottle /day
5. How often do you brush your teeth? ..... frequency /day
6. Do you use a mouthwash?    Yes / No ..... type
7. Do you floss?                Yes / No ..... frequency /day
8. Do you use an electric toothbrush?    Yes / No
9. Do you use a fluoride toothpaste?    Yes / No
10. Do you have sensitive teeth?    Yes / No
11. Do you use a sensitive toothpaste?    Yes / No ..... type
12. Do you chew paan or tobacco?    Yes / No
13. Do you use recreational drugs?    Yes / No ..... type

14. Comments:

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