



HAMILTON CO. PEDIATRIC DENTISTRY

Supplemental Adolescent Form

Do you have any concerns about your mouth or teeth?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe: _____
Do you like the look of your teeth and smile?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, why: _____
Do you bleach your teeth?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, product: _____
Have there been any changes to your diet?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe: _____
Do you take any diet or herbal supplements?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, type: _____
Do you participate in contact sports?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, sport: _____
Do you bite your nails or grind your teeth?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe: _____
Do you smoke?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PREFER NOT TO ANSWER
Do you use chewing tobacco?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PREFER NOT TO ANSWER
Do you use alcohol or other drugs?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PREFER NOT TO ANSWER
Do you have any eating disorders?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PREFER NOT TO ANSWER
Do you have any oral piercings?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PREFER NOT TO ANSWER
Females: Are you pregnant or possibly pregnant?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PREFER NOT TO ANSWER
Is there anything you would like to discuss in private?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Medicines used in the dental office may interact with prescription, over-the-counter, and recreational drugs. Therefore, we encourage our patients to answer all of the above questions truthfully. Your answers will be kept confidential, and you may discuss any non-answered items with your doctor directly. Thank you.