

{Practice Logo Here}

THE RISK FACTORS FOR ORAL CANCER HAVE CHANGED.

What you can do to reduce your risk...

What has changed?

The CDC states that HPV is so common that almost every American adult will have at least one infection in their lifetime, and many will not even be aware. The virus is fueling an escalation in sexually transmitted oral and oropharyngeal (back of throat) cancers. The symptoms are subtle and often overlooked. They include recurrent tonsil infections that are not responding to antibiotics, pain in one ear, feeling as though something is caught in the throat, change in speech, hoarseness and other subtle symptoms that should not be ignored.

What can you do?

Know the risk factors and the subtle often life-saving symptoms.

Perform an oral cancer screening examination on yourself regularly.

Have an oral cancer screening done at the dental office including additional screening devices if available.

Seek medical advice regarding the HPV vaccination. It is beneficial even if you've had an HPV infection or disease previously.

Who's at risk?

As with most cancers, age is the primary risk factor for oral cancer. Tobacco and alcohol still play a large role in determining risk; however this new profile is targeting a younger age group particularly males.

What are we doing?

Our practice has recently incorporated an additional screening device, VELscope Vx to aid in discovering what may not have been visible with our conventional oral cancer screening exam. VELscope can literally see beneath the surface to where abnormal tissue first starts to develop. Early discovery or pre-cancerous tissue can save lives. *Your mouth can hide a secret.*

The VELscope exam will be offered to you on an annual basis. The fee for this enhanced examination is \$XX.XX

Yes, I agree to having the VELscope Vx exam done.

No, I decline having the VELscope Vx exam done.

Date: _____

Date: _____

Signature: _____

Signature: _____

Medical History Update

Client Name: _____ Date: _____

Recent research indicates a strong relationship between the mouth and the body. Since we now know how closely they are related, we are going to be asking you some questions about your family history and your overall health that we may not have asked you about before. This additional information will assist us in providing the best possible care to maintain your oral health and overall wellness.

1. Any changes in your health since your last dental visit? Yes No If yes, please list:

2. What medications are you taking? _____

3. Any changes in medication dosage or medications? Yes No If yes, please list:

4. What over the counter or 'herbal/natural' supplements are you taking on a regular basis? Please list:

5. Do you smoke, use vaping products or any other smokeless tobacco products? Yes No if yes, please list:

6. Are you taking any bisphosphonates in the past or presently? Yes No If yes, please provide details:

7. Do you have a persistent sore throat, hoarseness, earache or feeling of something being caught in your throat?

Yes No If yes, please provide details: _____

8. Have you ever been diagnosed with a high-risk strain HPV infection? Yes No

9. Have you had the HPV vaccination? Yes No If yes, how many years ago?

10. Have you had any surgery or been hospitalized since your last visit? Yes No

If yes, please explain: _____

11. Are you being treated for any medical problem presently? Yes No

If yes, please explain: _____

12. Have you ever taken antibiotics prior to having your teeth cleaned or before dental work? Yes No

If yes, please explain: _____

13. Any allergies to drugs, food, metal or latex? Yes No

If yes, please list: _____

14. History of illness or disease in family?

If yes, please explain: _____

15. Have you been diagnosed with osteoarthritis or rheumatoid arthritis? Yes No

16. Have you experienced increased joint pain or decrease in mobility? Yes No

17. Have you been diagnosed with diabetes? Type I Type II Pre-diabetes

Diet-controlled Medication controlled Under control: Yes No

18. Does your mouth frequently feel dry? Yes No

19. Have you had any heart problems or a knee, hip or prosthetic joint replacement? Yes No

If yes, provide details: _____

20. Have you had a bone mineral density test? Yes No Results: _____

21. Female clients; Are you pregnant? Yes No

22. On a scale of 1 to 10 (10 being highest), how would you rate your general health at this time? _____

23. How would you rate your level of stress presently? Low Moderate High

24. On a scale of 1 to 10 (10 being highest), how closely related is the health of your mouth to your overall health in your opinion?
