

Oral Health Risk Assessment

Our practice continually strives to provide important enhancements in oral health care for our patients.
We are concerned about oral cancer and look for it in all at risk patients.

1. Do you smoke? __yes __no
How much do you smoke per day? _____
2. If you quit smoking, when did you quit? _____ How long did you smoke? _____
3. Have you ever chewed tobacco or used snuff? __yes __no
Are you still using smokeless tobacco or snuff? __yes __no
4. Do you drink alcohol on a regular basis? __yes __no
How much do you drink on an average week? _____
5. Is there any history of cancer in your immediate family? __yes __no
6. Have you been informed that you have been infected with an oncogenic strain (possible cancer-causing) of the Human Papilloma (HPV)? __yes __no
7. Are you over the age of 40? __yes __no

**One person dies every hour from oral cancer in the United States.
If you answered yes to any of these questions you are at high risk for oral cancer.**

Late detection of oral cancer is the primary reason that mortality rates are so dismal. As with most other cancers, age is the primary risk factor for oral cancer. Though Tobacco use is a major predisposing risk factor, **25% of oral cancer victims have no lifestyle risk factors.**

We find using **Identafi** along with a visual oral cancer screening improves our ability to identify suspicious areas that may have been missed during the conventional examination. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life.

The **Identafi** Exam is completed at the end of your appointment and will take less than 5 minutes of your time. This testing is \$28 and is covered by some dental and medical insurance companies.

___ Yes, I authorize the clinician to perform the **Identafi** Exam along with the standard visual oral cancer screening. I accept financial responsibility for this enhanced exam.

___ No, I am not interested in doing the **Identafi** Exam at this time.

Date _____ Signature _____