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Oral Cancer Risk Assessment

Oral Cancer is a life-threatening disease with symptoms that often go unnoticed. **Early detection is the key:** as part of our complete dental examination, we will conduct an oral cancer screening.

Please take a few minutes to answer the following questions and bring this assessment to your appointment.

PATIENT INFORMATION

Name _____ Date of birth _____

RACE (circle all that apply)	HEALTH HISTORY	YOU	YOUR FAMILY	
White - Non-Hispanic	<i>Please check to indicate whether you or your family (Parents/Siblings) have ever received a diagnosis of any of the following types of cancer:</i>	Breast	<input type="checkbox"/>	<input type="checkbox"/>
White Hispanic		Colon/Rectal	<input type="checkbox"/>	<input type="checkbox"/>
African American		Oral Cavity	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Filipino		Prostate	<input type="checkbox"/>	<input type="checkbox"/>
Hawaiian Japanese		Skin	<input type="checkbox"/>	<input type="checkbox"/>
Korean Vietnamese		Urinary/Bladder	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		Uterine	<input type="checkbox"/>	<input type="checkbox"/>
		Other _____		

Tobacco Use

	Never	Year began	Year quit	Amount per day
Cigarettes	_____	_____	_____	_____
Cigar/Pipe	_____	_____	_____	_____
Smokeless Tobacco	_____	_____	_____	_____

Alcohol Use

	Never	1-2 drinks/month	1-2 drinks/week	1 or more drinks daily
Currently	_____	_____	_____	_____
Last 10 years	_____	_____	_____	_____

Thank you for completing our Oral Cancer Risk Assessment.

Please return this completed form to a member of our team to help us evaluate your oral condition .

**** Spread the word - please tell your friends and loved ones to get checked for oral cancer ****

OFFICE USE ONLY

Oral Cancer Exam	_____	No lesions visualized during examination		
	_____	Lesions were visualized during examination		
Visualized Lesions	White lesion	Swelling	Red lesion	Red-white lesion
	Tissue hardness	Ulcer	Xray lesion(soft tissue)	