

# EROSION RISK EVALUATION

# OVERALL EROSION RISK



DATE: \_\_\_\_\_

LOW —  —  —  — HIGH

PATIENT NAME: \_\_\_\_\_


DATE OF BIRTH: \_\_\_\_\_

YES




## DIET:

<input type="checkbox"/> I drink the following...	<input type="checkbox"/> Soft Drinks / Sodas	<input type="checkbox"/> Diet Soft Drinks/ Sodas
<input type="checkbox"/> Lemon juice in water	<input type="checkbox"/> Vitamin C Drinks	<input type="checkbox"/> Herbal Tea
<input type="checkbox"/> Energy Drinks	<input type="checkbox"/> Sports Drinks	<input type="checkbox"/> Freshly Squeezed Juice
<input type="checkbox"/> Water	<input type="checkbox"/> Wine	<input type="checkbox"/> Iced Tea
<input type="checkbox"/> RTD's or Alcopops	<input type="checkbox"/> Kombucha	<input type="checkbox"/> Flavoured Water

NOTES:   

## SPORT:

<input type="checkbox"/> I participate in endurance sports	<input type="checkbox"/> I wear a mouthguard
<input type="checkbox"/> I rehydrate with sports & electrolyte drinks	<input type="checkbox"/> I rehydrate with gels

NOTES:   



## HEALTH:

<input type="checkbox"/> I eat lots of fresh fruit	<input type="checkbox"/> I have done a detox diet
<input type="checkbox"/> I use liquid or gel vitamin supplements	<input type="checkbox"/> I take a soluble Vitamin C tablet in water
<input type="checkbox"/> I drink a vitamin drink	<input type="checkbox"/> I suck vitamin lozenges

NOTES:   

## CAFFEINE:

<input type="checkbox"/> I drink more than 1 cup of coffee a day	<input type="checkbox"/> I drink more than 1 cup of tea a day
<input type="checkbox"/> I need caffeine for energy	<input type="checkbox"/> I drink energy drinks to stay awake

NOTES:   

YES  


### MEDICATION:

**I take medication for...**

Anti-histamine

Anti-depressant

Acne

Decongestants

Parkinsons Disease

High Blood Pressure

Anti-Anxiety

Nausea or Diarrhea

Psychotic Disorders

Asthma

Reflux

**NOTES:**



### GASTRIC:

**I notice frequent...**

Heartburn

Chest Pain

I vomit regularly

I buy tablets for heartburn

Burping

Waking at night coughing

Acid taste in my mouth

I use antacids a lot

Dry Mouth

Cough / Hoarseness

Post-nasal drip

Laryngitis

Reflux

**NOTES:**



### LIFESTYLE:

**I like to do the following...**

Drink wine before bed

Use marijuana or other recreational drugs

Drink Alcohol

Exercise a lot

Smoke

Party

**NOTES:**



### OCCUPATION:

**I do the following in my job...**

Get stressed

Work in an industrial plant with chemicals

Taste Wine

Work long hours

Taste Food

Taste vinegars and pickles

Work in Vineyard

**NOTES:**

