

*Circle one please:*

**New Patient or Previous Patient?**

**Patient's Name:**

**Date:**

**What symptoms brought you to our office today?**

**Are you having pain?**

**How long have you been in pain?**

**Is the pain increasing with time?**

**Recent Dental Treatment on this tooth in the last year:**

If yes, when and what treatment did you have:

**When is the tooth painful?**

Constantly Intermittent Momentary Spontaneously Not anymore **Provoked**

**Is the tooth sensitive to:**

Hot Cold Biting Chewing Palpation

Flossing Air Brushing teeth Head Position

Spontaneously Other: \_\_\_\_\_

**Does the pain keep you awake at night or awaken you up?**

**Describe the pain?**

Sharp Throbbing Dull Minor Toothache Steady

Enlarging , Lingerin~~g~~, Radiating to \_\_\_\_\_

**Have you noted any swelling?**

**Are you taking antibiotics for this tooth now?**

**On a scale from 1 to 10, 1 being the lowest and 10 being the highest, how can you rate the pain?**