ENDODONTIC PAIN HISTORY

Today's Date:_____

Patient Name:_____ D/O/B:_____

(Please Print)

1 Have you experienced pain in this tooth at any time in the past?_____

2 Are you in pain now? (If no, please go to question #17)_____

3 If you are in pain now, how long have you been in pain?_____

4 Did this pain either keep you awake or awaken you last night or in the past?_____

5 Can you locate the tooth that is causing the pain?

- ❑ Yes
- ❑ No
- ❑ Not Sure
- ❑ There may be more than one tooth

6 Does the pain radiate to the other parts of your jaw or down your neck and shoulders?_____

7 Is the pain spontaneous, or does it always require some stimulus to become painful?_____

8a Do you feel swollen now or in the past?_____

8b Are you running a fever?_____

9 How would you rate the severity of your pain today? 1=Very Slight to 10=Unbearable_____

10 Please check the frequency and nature of pain that most closely describes your discomfort: (check all options that apply to your case)

- ❑ Sharp
- ❑ Throbbing
- ❑ Aching
- ❑ Gnawing
- ❑ Shooting
- ❑ Burning
- ❑ Dull
- ❑ Migrating
- ❑ Intermittent
- ❑ Variable
- ❑ Tingling
- ❑ Only when chewing/biting
- ❑ Radiating
- ❑ Constant
- ❑ Momentary
- ❑ Enlarging to other areas
- ❑ Itching

11 Do you have lingering pain (more than a few seconds)? _____

12 Is the tooth sensitive to temperature?_____

13 What relieves the pain? _____

14 If you don't touch the tooth or bite on it, does it still hurt? _____

15 What increases the pain? (Check all options that apply to your case)

- ❑ Touching
- ❑ Lying down
- ❑ Biting
- ❑ Pressing on gum
- ❑ Cold
- ❑ Hot
- ❑ Flossing
- ❑ Eating
- ❑ Nothing
- ❑ Cold air
- ❑ Sweets

16 What is the course of the pain?

- ❑ Increasing
- ❑ Decreasing
- ❑ Constant
- ❑ Variable
- ❑ None now

17 Has there been any recent restorative work done on this area?

- ❑ Yes
- ❑ No
- ❑ Not sure

18 Prior to this appointment, has endodontic treatment been started by any Doctor?_____

19 Have you had recent periodontal (gum) surgery in the area or a tooth cleaning?_____

20 Have you ever had any endodontic surgery (apico) on this tooth?_____

21 Are you numb now? (been given anesthesia earlier today)_____

22 Have you taken any antibiotics for this problem?_____

23 Have you taken any pain killers for this problem?_____

DR. COMMENTS