

# Tooth Ache Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's age: \_\_\_\_\_

B.P. \_\_\_\_\_ Pulse: \_\_\_\_\_ Temp. \_\_\_\_\_

Describe your tooth ache: \_\_\_\_\_

\*Do you know which tooth is hurting? \_\_\_\_\_ Where? \_\_\_\_\_

\*Is there anything that relieves the pain? \_\_\_\_\_ What? \_\_\_\_\_

\*How long has this tooth been hurting? \_\_\_\_\_

\*Are you taking any medications for this? \_\_\_\_\_ What? \_\_\_\_\_

\*Does Hot food or liquid cause more discomfort? \_\_\_\_\_

\*Does Cold food or liquid cause more discomfort? \_\_\_\_\_

\*Does this tooth wake you up in your sleep? \_\_\_\_\_

\*Does biting pressure cause more discomfort to this tooth? \_\_\_\_\_

\*After biting down and then letting up do you have discomfort? \_\_\_\_\_

\*Have you noticed any swelling? \_\_\_\_\_ Where? \_\_\_\_\_

Radiographic findings: \_\_\_\_\_

Clinical Findings : \_\_\_\_\_

Patient points to tooth number: \_\_\_\_\_ as the tooth that hurts.

Tooth #					
E.P.T.					
Hot					
Cold					
Percussion					
Mobility					
Pressure					

Restorable                      Non-Restorable

\_\_\_\_\_ Endo, crown and build-up

----- Extraction

\_\_\_\_\_ Patient requests extraction

Dx: \_\_\_\_\_

Patient is aware that tooth is restorable: \_\_\_\_\_

(Signature)

Prognosis:                      Good                      Fair                      Poor                      Guarded