

Aspen Endodontics
1675 Briargate Blvd. Ste. C
Colorado Springs, CO 80920

Patient Name: _____

PAIN HISTORY

Re: Tooth: _____

1. Have you experienced pain in this tooth any time in the past?
 - Yes
 - No

2. Are you in pain now?
 - Yes
 - No

3. If you are in pain now, how long have you been in pain?
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 1 week
 - 2 weeks
 - 3 weeks
 - > 3 weeks

4. Did this pain either keep you awake or awaken you last night?
 - Yes
 - Yes, and I have been up all night in pain
 - No
 - No, but it has before

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 other parts of your jaw or down your neck and shoulders?
 - Yes
 - No
 - Not now but has in the past

7. Is the pain spontaneous or does it always require some stimulus to become painful?
- I have spontaneous pain
 - It always takes some stimulus to make it hurt
 - I don't have spontaneous pain now, but have in the past with this tooth

8. Do you feel swollen now?
- Yes
 - No

Has there been a history of prior swelling?

- Yes
- No

Are you running a fever?

- Yes
- No

9. How would you rate the severity of your pain today (as a number and description, 10 been unbearable and 1 been very slight)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

10. Please check the frequency and nature of pain that most closely describes your discomfort?

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

11. Do you have lingering pain (more than a few seconds)?
 - Yes
 - No
 - No but I have in the past

12. Is the tooth sensitive to temperature?
 - No, but there is a history of temperature in the past
 - More to hot than cold
 - Equally to hot and cold
 - Neither
 - Not sure
 - More sensitive to cold than hot

13. What relieves the pain?
 - Nothing
 - Cold
 - Hot
 - Massage
 - Vicodin
 - Non-biting
 - Aspirin
 - NSAIDS
 - Codeine
 - Advil/Aleve
 - Antibiotics
 - Darvon/Darvocet
 - Tylenol
 - Other

14. If you don't touch the tooth or bite, does it still hurt?
 - Yes
 - No
 - Sometimes
 - Only if I bite in a certain way
 - Not now, but it has in the past

15. What increases the pain?
 - Touching
 - Biting
 - Cold
 - Hot
 - Eating
 - Cold air
 - Lying down
 - Pressing on gum
 - Flossing
 - Nothing
 - 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?
 - Yes
 - No
 - Not sure
19. Have you had recent periodontal (gum) surgery in the area or a tooth cleaning?
 - Yes
 - No
20. Have you ever had any endodontic surgery (apico) on this tooth?
 - Yes
 - No
 - Not sure
21. Are you numb now (been given anesthesia earlier today)?
 - Yes
 - No
 - Slightly
 - Not sure
22. Have you take any antibiotic for this problem?
 - No
 - Today
 - Last 2 days
 - Last 3 days
 - Last 4 days
 - Last week
 - Last month
 - Other
23. Have you take any pain killer for this problem?
 - No
 - Today
 - Last night
 - Last 2 days
 - Last 3 days

- Last 4 days
- Last 5 days
- Last 6 days
- Various times

24. Did you explicitly request this referral?

- Yes
- No

25. Did your Doctor recommend this referral?

- Yes
- No