

Aspen Endodontics
9475 Briar Village Point, Ste. 300
Colorado Springs, CO 80920

Patient Name: _____

PAIN HISTORY

Re: Tooth: _____

1. Are you in pain now?
 - Yes
 - No
2. Have you experienced pain in this tooth any time in the past?
 - Yes
 - No
3. Can you locate the tooth that is causing the pain?
 - Yes
 - No
 - Not sure
 - There may be more than one tooth
4. 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
5. 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
6. Do you feel swollen now?
 - Yes
 - No
7. Has there been a history of prior swelling?
 - Yes
 - No
8. Are you running a fever?
 - Yes
 - No
9. Is the tooth sensitive to temperature?
 - No, but there is a history of temperature in the past
 - More to hot then cold
 - Equally to hot and cold
 - Neither
 - Not sure
 - More sensitive to cold than hot
10. Has there been any recent restorative work done on this area?
 - Yes
 - No
 - Not sure
11. Prior to this appointment has endodontic treatment been started by any doctor?
 - Yes
 - No
 - Not sure
12. Have you ever had any endodontic surgery (apico) on this tooth?
 - Yes
 - No
 - Not sure