Emergency Patient Evaluation

Patient Name: ____ Last Known Dental Visit: ________________________
Location of pain: ____
Tooth # (if known): #______________

Questions	Answers / Symptoms					
Ask the patient:	☐	**Must be seen today!**	☐	**See as soon as possible** tomorrow or this week	☐	**See when available**
"On a scale of 1 to 10 how badly are you hurting?"	☐	Pain level 7 to 10	☐	Pain level 4 to 6	☐	Pain level 3 or below
"How often does it hurt?"	☐	Hurts "all the time"	☐	Intermittent pain	☐	Intermittent / Mild / No pain (circle)
"How long have your been hurting?"	☐	This level for a week or less	☐	This level of pain for a month or less	☐	Had these symptoms over a month
"Describe the type of pain or discomfort you feel"	☐	Throbbing	☐	Broken tooth, lost a filling (circle)	☐	Chip tooth, broken filling (circle)
"What medication have you taken?"	☐	Perscription or over counter	☐	Regurlarly taking tylenol, advil, etc	☐	None or occationally tylenol, etc
"If you took medicine, how did it affect the pain?"	☐	Pain not relieved by medication	☐	Pain relieved by over counter med	☐	Responds quickly to medication
"How well are you sleeping at night?"	☐	Keeps patient awake at night	☐	Able to sleep with medication	☐	Able to sleep
"How does hot and cold affect the tooth or area?"	☐	Heat / Cold increases pain (circle)	☐	Sensitivity stops within 30 seconds,	☐	Not affected by Hot or Cold
"How does the tooth feel when you bite on it?"	☐	Causes pain, doesn't go away	☐	Biting causes pain, goes away fast	☐	Mild discomfort or no pain
"What occurred to make the tooth begin to hurt?"	☐	Unknown cause	☐	Bit down on something	☐	Sweets (candy) caused it to hurt
	☐	Bit down on something hard	☐	Other (write here):		
"Have you noticed any other symptoms?	☐	Fever	☐	Swelling	☐	Discoloration - red, black (Circle)
Urgency for appointment	☐	Needs to be seen today	☐	Wants to be seen asap	☐	Willing to wait
"Are there recent x-rays?"	☐	No	☐	Yes	☐	No
		Total number of check marks		Total number of check marks		Total number of check marks