



# Central Wisconsin Endodontics, LLC

## Thomas C. Westrick, DDS

Name:

Date: 12/9/20

Tooth #

Referring Dentist:

X-ray: Images

Initial Visit:

**Please review and answer the following questions regarding your problem tooth:**

Is there a pimple or bump associated with problem tooth?	yes or no
Is there a bad taste associated with problem tooth?	yes or no
Sensitivity to cold?	yes or no
Sensitivity to hot?	yes or no
Sensitivity to sweets?	yes or no
Sensitivity to biting?	yes or no
Pain present now?	yes or no
Did you have pain?	yes or no
When did pain start?	Approximate Date: _____
For how long?	_____ days, weeks, years
Facial swelling?	yes or no
How long?	_____ days
Last work done on tooth?	Date: _____
Number one problem with tooth right now?	Explain: _____

**Medical History:**

List prescription and non-prescription medications you are taking: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever taken, now or in the past, bisphosphonate class drugs for cancer treatment or osteoporosis, i.e. Aredia, Zometa, Fosamax, Boniva, Actonel, etc.):  Yes  No

Are you required to take an antibiotic prior to dental visits? \_\_\_\_\_

Please check if you are allergic to any of the following:

Penicillin       Latex       Aspirin       Codeine  
 Acrylic       Metal       Local Anesthetics  
 Other (please specify) \_\_\_\_\_

Are you currently being treated for any medical condition? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Have you been hospitalized in the last year? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Have you had or been advised to have a surgical operation within the last five years? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Any other medical comments/concerns we should be aware of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_