ENDODONTIC FORM

Patient ______________________________ DOB__________

Tooth # ______________ Pt # ______________ Date __________

SUBJECTIVE FINDINGS:

PAIN (Circle All Appropriate): Level (0-10)

Well-localized   Diffuse
Spontaneous   Elicited *(cold/hot/chewing)*
Constant   Variable   Intermittent
Dull Ache   Sharp Shooting   Throbbing

Onset ______________________
Progression (F/I/D) ______________________
Aggravating Factors ______________________
Relieving Factors ______________________
PMH ______________________
Medications ______________________
____
Allergies ______________________

TOOTH HISTORY (Circle and Date All Appropriate):

Caries/Restoration ______________________
Carious/Mechanical Exposure ______________________
Pulp Cap (Direct or Indirect) ______________________
Pulpotomy/Pulpcotomy/Debridement ______________________
Root Canal Treatment ______________________
Trauma ______________________

OBJECTIVE SIGNS & TESTS:

SWELLING (Circle All Appropriate):

Well Localized   Diffuse   None
Lymphadenopathy   Temp
Indurated   Fluctuant

Location ______________________

Sinus Tract: Present   Absent

Location ______________________

PULP TESTING (+, - , NA)

If thermal, indicate short (S) or prolonged (P) response

Tooth # ______ ______ ______ ______
Restoration ______ ______ ______ ______
EPT ______ ______ ______ ______
Thermal ______ ______ ______ ______

APICAL TESTS

None (-), Mild (+), Moderate (++), Severe (+++)

Percussion ______ ______ ______ ______
Palpation ______ ______ ______ ______
Chewing/Bite ______ ______ ______ ______

rev 7/10

PERIO

Probings

B __ __ __ __ __ __ __ __ __

#	#	#

L __ __ __ __ __ __ __ __ __

Mobility (I,II,III) ________ ________ ________

Cracks/Fractures   Yes   No   N/A

Explain (Translumination) ______________________

RADIOGRAPHIC INTERPRETATION

Normal   Caries
Apical Radiolucency   Periodontal
Lateral Radiolucency   Immature Apex
Furcal Radiolucency   Root Fracture
Calcification   Previous RCT
Apical Radiopacity   Perforation
External Resorption   Canal Obstruction
Internal Resorption   Developmental Anomoly

Other ______________________

DIAGNOSIS

Pulpal:

Normal
Reversible Pulpitis
Symptomatic Reversible Pulpitis
Asymptomatic Irreversible Pulpitis
Necrosis
Previously Treated
Previously Initiated Therapy

Apical:

Normal
Symptomatic Apical Periodontitis
Asymptomatic Apical Periodontitis
Acute ApicalAbscess
Chronic Apical Abscess
Condensing Osteitis

Pre-Treatment Prognosis:

Favorable   Questionable   Unfavorable

In not favorable, why? ______________________

Canal	Reference	EWL	CWL	MAF	Rotary

Post-Obturation Prognosis:

Favorable   Questionable   Unfavorable

If not favorable, why? ______________________

Doctor Signature: ______________________

See Dictated Report?: ___ Y ___ N

Pt. Name:
MR#: Label
DOB:

PROBLEM, VITALS & MEDICATION FLOWSHEET

Age	Gender	Attending DDS	Primary Insur.	Secondary Insur.	SERVICE DATE
	__F __M				

Referring Provider: __ MD __ DDS	Add:	Ph #:
Date Last Visited:		Fax#
Primary Provider:	Add:	Ph #:
Date Last Visited:		Fax#

Initial Assessment Diagnosis:	Other Conditions/Diseases:	Injury Related Information
1.		Injury Date (m/d/y):
2.		
3.		Type: ___ MVA ___ WC ___ Other
4.		
		In Litigation? ___ Y ___ N

Contributing Factors:

- ___ Bruxism Day / Night
- ___ Clenching Day / Night
- ___ Caffiene / Diet
- ___ Chronic Pain
- ___ Depression / Anxiety
- ___ Gum Chewing
- ___ Object Chewing
- ___ Oral Habits
- ___ Postural Habits
- ___ Rests Jaw in Hand
- ___ Sleep Dysfunction
- ___ Stress
- ___ Systemic Disease
- ___ Other:

DRUG ALLERGIES / REACTIONS:	VITALS	Date	Date	Date	Date	Date	Date
☐ KNDA's	Ht:						
	Wt:						
	BP:						
	P:						
REVIEWED / UPDATED	**Dr. Initials:**						

MEDICATIONS	DOSE	Date	Date	Date	Date	Date	Date
Check = Cont'd Use **D/C** = Discont'd	△ Dose Chng						
☐ Pt. is not taking any Medications							
REVIEWED / UPDATED	**Dr. Initials:**						

IMPRESSION & PLAN

☐ SEE DICTATION FOR DETAILED ASSESSMENT & PLAN

Self Care ___ TUTA ___ Pain Diary ___ Heat / Ice ___ Oral Habits ___ Exercises

Imaging ___ Pan. ___ CT ___ MRI ___:

Anat. Area of Interest:

To Evaluate:

___Vwd Images ___Vwd Report ☐ See Interp Report

Pt.: ___ Agreed ___ To Consider ___ Declined

PT
☐ Eval /Tx:
☐ Exercises: ___ ROM ___ 6x6 ___ Posture ___Conditioning
☐ Modalities: ___ US ___ Ionto. ___ E-Stim. ___ Traction

Pt.: ___ Agreed ___ To Consider ___ Declined

BT ☐ Eval /Tx:

___ CBT-Habit Reversal ___ Tx Compliance

___ Relax. Technqs. ___ Stress / ___ Sleep Mgmt. ___ Depress./Anxiety

Pt.: ___ Agreed ___ To Consider ___ Declined

Splint ___Mx / ___Mn Flat Plane ___ Repositioning ___ Modify Existing Splint ___:

☐ Impressions Taken

Pt.: ___ Agreed ___ To Consider ___ Declined

Meds ___ Rx ___ OTC *(Drug / Qty / Dose)*

Pt.: ___ Agreed ___ To Consider ___ Declined

Procedure

Pt.: ___ Agreed ___ To Consider ___ Declined

Counseling >50%TT=CT *Discussed:*

TT: _________*min.*

CT: _________*min.*

Prognosis: ___Excellent ___Good ___Fair ___Guarded ___Poor

F/U:

Resident: ______________________ *Date:* ____________

Faculty: ______________________ *Date:* ____________

____ Dr Gary Anderson
____ Dr Subha Giri
____ Dr Cory Herman
____ Dr Mike John
____ Dr Mariona Mulet
____ Dr Don Nixdorf
____ Dr Eric Schiffman

Pt. Name:
Rec. #: Label
DOB:

HISTORY OF PRESENT ILLNESS

CC & HPI: Location, Duration, Timing, Quality, Intensity, Context, Allev. & Aggrev. Factors, Assoc. Signs & Sx's

CC:

Past Tx:

Review of Systems

Circle -Pos. Slash / - Neg
Blank - Not Asked

Neur:	HA - Dizziness - Numbness
	Taste - Smell Chngs.
MS:	Neck - Back - Other Jt. Pain
ENTM:	Tooth Pain - Sensitivity
	Dry Mouth - Snoring
	Post Nasal Drip - Sinus Pn.
	Earache - Tinnitus - Noise Sens.
Const:	Fever - Chills - Wt Loss / Gain
Lymph	Swollen Nodes
Eye:	Light Sensitiv. - Dry Eyes
GI:	N / V - Heartburn
Psy:	Depressed - Anxious - Stress Chng.
Imm:	Envir. Allergies - Freq. Illness
Endo:	Sweats - Heat - Cold Intoler.
Skin:	Rashes - Lesions
Resp:	SOB - Cough
CV:	Chest Pain

Mn. DYSFUNCTION

TMJ Noise	__ Y __ N
Locking	__ Y __ N
Ltd Opening	__ Y __ N
Pain Chewing	__ Y __ N
A.M. Pain	__ Y __ N
Bite Chngs.	__ Y __ N

PARAFUNCTIONS

Clenching: ___ Day ___ Night
Bruxism: ___ Day ___ Night
Chews: ___ Gum ___ Objects
Bites: ___Lips ___Cheeks ___Nails
Jaw Posture
Rests Jaw in Hand
Sleep Position

RDC History Questions

Pain in the face, jaw, temple, in front of the ear/ in the ear in the past month?	N	Y
Ever had your jaw lock or catch so that it wouldn't open all the way? If yes:	N	Y
Was this limitation in jaw opening severe enough to interfere with your ability to eat?	N	Y

TRAUMA HISTORY

__ Y __ N
Injury:
Date:

University of Minnesota
TMJ & Orofacial Pain Clinic
Initial Evaluation

Pt. Name:
Rec. #: Label
Service Date:
DOB:

HPI (cont'd)

MEDICAL, FAMILY, SOCIAL HISTORY

Medical Hx:

☐ See Health Hx Questionaire

Current Medications & Drug Allergies

☐ See Med. Flowsheet in front of chart

Surgeries:

Psych:

Hospitalized:

Dental:

Family Med. Hx:

__ Y __ N Arthritis __ OA __ RA __ Other
__ Y __ N Cancer (type):
__ Y __ N Auto-Immune D/O:

Social Hx:

Age:

Gender: __ M __ F

Marital Status:
__ Single
__ Partner
__ Married
__ Divorced
__ Widowed

Relationships:

Education:

Tobacco:

Alcohol:

Occupation:

Chemical use:

Stress:

Sleep:

Diet:

H2O Intake:

Exercise:

Caffeine:

Service Date:

GEN'L APPEARANCE*:

___ NAD ___ Anxioous Appearing ___ Obese ___ Thin ___ Other Observation:

Mn ROM*

		Pain		Muscle		TMJ		Dup.Pn.		Comments
Unassistd opening w/o pain	_______ mm									
Max. unassisted opening	_______ mm	N	Y	R	L	R	L	N	Y	__ Masseter m. __Temp. m.
Max. assisted opening	_______ mm	N	Y	R	L	R	L	N	Y	__ Other m.:
Right lateral excursive	_______ mm	N	Y	R	L	R	L	N	Y	
Left lateral excursive	_______ mm	N	Y	R	L	R	L	N	Y	
Protrusive excursive	_______ mm	N	Y	R	L	R	L	N	Y	

TMJ NOISE & FUNCTION

Rt		Lt
☐	No Joint Sounds	☐
☐	Reciprocal Click	☐
☐	Opening Click Only	☐
☐	Closing Click Only	☐
☐	Non-Reproducible Click	☐
☐	Laterotrusive Click	☐
☐	Protrusive Click	☐
☐	Coarse Crepitus	☐
☐	Fine Crepitus	☐

Comments

Auscultated Jt. w/ Stethescope? __Y __N
Pain w/ Noise? __Y __N
Noise dup. pain? __Y __N

Jaw Deviation on Opening

☐	☐	☐	☐	☐
Straight	Corrected	Left	Right	Irreg.

Rt N	Rt Y		Lt N	Lt Y
☐	☐	Excessive Translation	☐	☐
☐	☐	Ltd. Translation	☐	☐
☐	☐	Subluxation	☐	☐
☐	☐	Reduces w/Ant Reposition	☐	☐

FACIAL PALPATION

Rt N	Rt Y	Rt Dup.Pn.		Lt N	Lt Y	Lt Dup.Pn.
☐	☐	☐	Masseter m.	☐	☐	☐
☐	☐	☐	Temporalis m.	☐	☐	☐
☐	☐	☐	Submandibular m.	☐	☐	☐
☐	☐	☐	Post. Mndibular m.	☐	☐	☐
☐	☐	☐	Lat. Pterygoid m.	☐	☐	☐
☐	☐	☐	Med. Pterygoid m.	☐	☐	☐
☐	☐	☐	Temporalis tendon	☐	☐	☐
☐	☐	☐	TMJ Lat. Pole	☐	☐	☐
☐	☐	☐	TMJ Post. Pole	☐	☐	☐

Comments

Jaw loading test: _________

CERVICAL PALPATION

Rt N	Rt Y	Rt DupPn		Lt N	Lt Y	Lt DupPn
☐	☐	☐	Splenius Capitis	☐	☐	☐
☐	☐	☐	Trapezius Insertion	☐	☐	☐
☐	☐	☐	Upper Trapezius	☐	☐	☐
☐	☐	☐	SCM - Superior	☐	☐	☐
☐	☐	☐	SCM - Middle	☐	☐	☐

Comments

Ltd N	Ltd Y		Pain N	Pain Y	Pain DupPn
☐	☐	Flexion	☐	☐	☐
☐	☐	Extension	☐	☐	☐
☐	☐	R- Lateral	☐	☐	☐
☐	☐	L- Lateral	☐	☐	☐
☐	☐	R- Rotation	☐	☐	☐
☐	☐	L- Rotation	☐	☐	☐

Abbrev. Key: *Dup.Pn. -Duplicates Pain Palp. -Palpation Mx- Maxillary Mn/Md - Mandible/Mandibular Ant. - Anterior Post. -Posterior*

Service Date:

EXTRAORAL EXAM

Nml	Abn		Explain Abn Findings
☐	☐	Skin Inspection *	
☐	☐	Conjunctiva Inspect.*	
☐	☐	Ext Ear/Nose Inspect.	
☐	☐	Sinus Palpation	
☐	☐	Lips Inspection	
☐	☐	Neck Palpation	
☐	☐	Parotid/SubMn Glnd Palp	
☐	☐	Cerv. Lymph Nodes*	
☐	☐	Carotid Artery Palp.	
☐	☐	Temporal Artery Palp.	
☐	☐	Facial Assymetry	
☐	☐	Masseter Hypertrophy	

INTRAORAL SOFT TISSUE EXAM

Nml	Abn		Explain Abn Findings
☐	☐	Salivary Glands	
☐	☐	Tongue	
		___Ridging	
		___Lesions	
☐	☐	Oral Mucosa *	
		___Ridging	
		___Lesions	
☐	☐	Alveolar Ridge	
☐	☐	Soft Palate	
☐	☐	Tonsils/ Oropharynx	
☐	☐	Gingivitis	

DENTAL EXAM *

Missing teeth (X) 3M 2M 1M 2PM 1PM C LI CI - CI LI C 1PM 2PM 1M 2M 3M

ICP Contacts (Circle) 3M 2M 1M 2PM 1PM C LI CI - CI LI C 1PM 2PM 1M 2M 3M

N	Y		
☐	☐	Attrition: __ Ant. __ Post.	
☐	☐	Tender to percussion:	Tooth #:
☐	☐	Sensitivity: __to cold __to biting	
☐	☐	Decay:	Tooth #:
☐	☐	Tooth mobility:	Tooth #:
☐	☐	Cross Bite	__ Ant. __ Post.Rt __ Post.Lt
☐	☐	Open Bite	__ Ant. __ Post.Rt __ Post.Lt
☐	☐	Prematurity	__ Ant. __ Post.Rt __ Post.Lt
☐	☐	Slide to CO>2mm	__ Ant. __ Post.Rt __ Post.Lt
☐	☐	Excursive Interferenc.	__ Working __ Non-Working

Horizontal Overlap: _______ mm

Vertical Overlap: _______ mm

Angle's Class; (Circle)

Rt: I II/1 II/2 III

Lt: I II/1 II/2 III

Dentures: ___ None ___ Mx Full ___ Mx Part'l ___ Mn Full ___ Mn Part'l

CRANIAL NERVE EXAM*

Right Nml	Right Abn		Left Nml	Left Abn	Explain Abn Findings
☐	☐	I Olfactory	☐	☐	
☐	☐	II Optic	☐	☐	
☐	☐	III Oculomotor	☐	☐	
☐	☐	IV Trochlear	☐	☐	
☐	☐	V Trigeminal	☐	☐	
☐	☐	VI Abducens	☐	☐	
☐	☐	VII Facial	☐	☐	
☐	☐	VIII Acoustic	☐	☐	
☐	☐	IX Glossophryng.	☐	☐	
☐	☐	X Vagus	☐	☐	
☐	☐	XI Accessory	☐	☐	
☐	☐	XII Hypoglossal	☐	☐	

PSYCH. EXAM*

Nml	Abn		Explain Abn Findings
☐	☐	Orientation	
☐	☐	Memory	
☐	☐	Mood/Affect:	
		__ Anxious __ Agitated __ Depressed	
☐	☐	Other:	

MOTOR-SENSORY EXAM

Motor Testing: (CN V & VII)

Nml Abn

☐ ☐

Sensory Testing:

Nml Abn

☐ ☐ __ Anesth. __ Hyperaesthesia __ Allodynia

Abbrev. Key: *Dup.Pn. -Duplicates Pain Palp. -Palpation Mx- Maxillary Mn/Md - Mandible/Mandibular Ant. - Anterior Post. -Posterior*

University of Minnesota
TMJ & Orofacial Pain Clinic
Initial Evaluation

Pt. Name:
Rec. #: Label
DOB:

Service Date:

PLAN

Imaging: ___ Pan. ___ TMJ Tomo's ___ TMJ MRI ___:
☐ Panogram
☐ TMJ Tomo's
☐ TMJ MRI
☐ Other:
Reason:
Findings:
☐ Vwd. Report
☐ Vwd. Images
☐ See XR Interp.
___ *Pt. Declined*

PT
☐ Eval & Tx:
☐ Exercises: ___ ROM ___ 6x6 ___Posture ___ Conditioning ___ :
☐ Modalities: ___US ___ Ionto. ___ E-Stim. ___Traction
_____*x's/Wk for* _____ *Wks.*
___ *Pt. agreed* ___ *Pt. to Consider* ___ *Pt. Declined*

BT Referral: **Eval. / Tx:**
___ Habit Reversal ___ Stress Mngmt. ___Depression / Anxiety ___Other:
___ Relaxtn / Bio-FB ___ Sleep Mngmt. ___ Compliance w/ Tx
___ *Pt. agreed* ___ *Pt. to Consider* ___ *Pt. Declined*

Self Care: ___ TUTA ___Oral Habits ___Exercises ___Pain Diary ___Heat ___Ice ___Other:

Splint: ___ Mn Flat Plane ___ Repositioning ___ Other:
___ Mx Flat Plane ___ Modify Existing Splint ☐ Impressions Taken Today

Surgery/ Procedure ___ TPI's ___ Nerve Block ___ TMJ Surgery ___ *Other:*
Location & Rationale:
___ *Pt. agreed* ___ *Pt. to Consider* ___ *Pt. Declined*

☐ **Referral:**
☐ **Consult:**

Meds. NOTE: Rx or OTC/ Med / Qty / Dose

Counseling: Discussed…
>50% TT=CT
CT: ________min.
TT: ________min.
☐ Obtain records:

F/U: *For:*
Prognosis: ___ Excellent ___ Good ___ Fair ___ Guarded ___ Poor

☐ **SEE DICTATION FOR DETAILS ON ASSESSMENT & PLAN**

Resident Signature ____________ Date ________

Faculty Signature ____________ Date ________

__ Dr. Gary Anderson
__ Dr. Subha Giri
__ Dr. Cory Herman
__ Dr. Mike John
__ Dr. Mariona Mulet
__ Dr. Don Nixdorf
__ Dr. Eric Schiffman

CBCT checklist of findings

	Within Normal Limits	Abnormal- Unlikely to be contributing to symptoms	Abnormal- Likely to be contributing to symptoms	Abnormal- possibly contributing to symptoms
1. Temporomandibular Joint				
2. Maxillary Bone				
3. Nasal Bone				
4. Mandible				
5. Frontal Bone				
6. Teeth				
7. Sinuses				
8. Brain Stem				
9. Floor of mouth- soft tissues				
10. Muscles of mastication				

Periapical Radiograph checklist of findings

	Within Normal Limits	Abnormal- Unlikely to be contributing to symptoms	Abnormal- Likely to be contributing to symptoms	Abnormal- possibly contributing to symptoms
1. Radiolucency				
2. Radioopacity				
3. Cracks/fractures				
4. Over/underfilled tooth				
5. Missed Canals				
6. Coronal seal				
7. Loss of Lamina dura				