

The Gables Dental Practice Triage Form

Can you please supply the following information

Name: _____

Date of Birth: ____/____/____

Telephone: _____

Email address: _____

Home Address: _____

Post Code _____

Your Medical History, including medications/allergies: _____

The last time you've been to a dentists? _____

Please answer the following questions:

1. Where is the pain? Which tooth? _____
2. What is the characteristics of your pain? (how would you describe your pain? _____
3. When did it start? _____
4. What triggers it? _____
5. How long does the pain last? _____
6. Is there any swelling present? _____
7. Out of 10, what is your pain-score? _____
8. Does it keep you awake at night? _____
9. Does it affect your eating or drinking? _____
10. How do you manage your pain at the moment? _____
11. How do you keep the area clean? _____

If possible, can you get a photo from the tooth. (If you can use a spoon to retract your cheek it really helps)

PS. We DO NOT accept any new NHS patients at the moment for routine examinations or treatment.