Grove Endodontics PA • Thomas Waldron, D.D.S. • 8811 92nd Street South, Suite 109 • Cottage Grove, MN 55016 • (651) 768-8180

Confidential Health History

Patient Name: ______________________ **Date of Birth:** ____________

1. Do you have, or have a history of any of the following heart related problems: .... ☐ Yes ☐ No
   ☐ Heart Disease ☐ Murmurs ☐ Heart Attack ☐ Other ______________
2. Do you have high blood pressure? .... ☐ Yes ☐ No
3. Do you have any bleeding/bruising or other blood related diseases? .... ☐ Yes ☐ No
4. Do you have any infectious diseases: .... ☐ Yes ☐ No
   ☐ Hepatitis ☐ TB ☐ HIV/AIDS ☐ Other ______________
5. Do you have immune system problems? .... ☐ Yes ☐ No
   ☐ Asthma ☐ Hay Fever ☐ Sinusitis ☐ Other ______________
6. Do you have gland related diseases? .... ☐ Yes ☐ No
   ☐ Diabetes ☐ Thyroid ☐ Other ______________
7. Do you have vertigo? .... ☐ Yes ☐ No
8. Have you had any major operations or surgeries? .... ☐ Yes ☐ No
9. Does your physician require you take an antibiotic for premedication* prior to dental treatment? . ☐ Yes ☐ No
   **Due to heart condition, artificial valve or artificial joint, etc.*
10. Do you take any of the following medications? .... ☐ Yes ☐ No
    ☐ Antibiotics ☐ Pain Meds ☐ Blood Pressure Meds ☐ Heart Meds ☐ Birth-Control Pills
11. Are you currently taking medications other than those listed above? (please list) .... ☐ Yes ☐ No

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12. Are you allergic to any of the following? .... ☐ Yes ☐ No
    ☐ Penicillin ☐ Aspirin ☐ Ibuprofen ☐ Codeine ☐ Latex ☐ Bleach ☐ Adhesives
13. Are you allergic to any other medication or substance (please list) .... ☐ Yes ☐ No

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14. Do you have any other medical problems not listed above? (please list) .... ☐ Yes ☐ No

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15. (Women Only) Are you pregnant or nursing? .... ☐ Yes ☐ No

Dental History: **(please circle the applicable response)**

1. Are you currently in pain? ☐ Yes ☐ No
2. Are you experiencing any swelling? ☐ Yes ☐ No
3. Is the pain localized to a specific tooth? ☐ Yes ☐ No
4. Does your tooth hurt spontaneously? ☐ Yes ☐ No
5. Is the pain (check as many as apply)

   ☐ Dull ☐ Sharp ☐ Throbbing ☐ Aching ☐ Stabbing ☐ Electrical

6. How bad is your pain (select one number on a scale of 0-no pain to 10-intense pain)

   0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
7. The tooth is sensitive to (check as many as apply)

   ☐ Hot ☐ Cold ☐ Touching ☐ Pressure ☐ Chewing ☐ Air

8. Do you clench or grind your teeth? ☐ Yes ☐ No
9. Do you have TMJ/TMD (jaw joint problems)? ☐ Yes ☐ No
10. Have you had Root Canal Treatment/Surgery in the past? ☐ Yes ☐ No
11. Are you anxious about dental treatment? ☐ Yes ☐ No
    If yes, what are you most anxious about?

    ☐ Anesthesia ☐ Drilling ☐ Choking ☐ Painful Procedure ☐ No Control

Consent for Treatment

Root Canal Treatment (RCT) is an attempt to save a tooth that would otherwise be extracted. Contrary to popular belief, Root Canal Treatment is a painless procedure. During your visit you will receive traditional local anesthesia. Following the treatment there may be some soreness in the area depending on the condition of the tooth prior to the treatment and your personal healing response. Post treatment instruction will be provided at the end of the procedure.

While Root Canal Treatment enjoys a high degree of success (over 90%), it is a biological procedure whose results cannot be guaranteed. A small number of root canalled teeth (5-10%) do not have all symptoms resolve. This is usually due to abnormal root shape anatomy, severe root curvatures, and tooth or root fractures. Additional procedures requiring additional costs may be necessary to save those teeth. Occasionally, a treated tooth may fail despite all attempts at definitive treatment resulting in tooth loss.

The root canal procedure involves numbing the tooth completely, isolating the tooth with a rubber dam, cleaning the root canals and filling them with a pink rubber-like material. Following the procedure, a temporary filling is placed. Except in a few unique circumstances your dentist will then fabricate a crown for the tooth to prevent fractures. Failure to contact your dentist in a timely fashion (within 6 weeks of the root canal therapy) to restore the tooth definitely (with a core build up and a crown) may result in root canal failure, canal re-infection, and possible tooth loss.

By signing here, I acknowledge that I have read and answered all questions accurately.

Patient Signature______________________________ Date __________

Doctor Signature______________________________ Date__________