Two Dentists.

Cheat sheet

/TwoDentists
@Two.Dentists

- **Presenting complaint:**
  How can I help you today?
  Have you had any problems since I last saw you?

- **History of presenting complaint:**

Site: *Where is the pain?*

Character: *How would you describe the pain?*
Prompts: Sharp/Dull/Throbbing?

Associated factors: *Have you noticed anything else associated with the pain?*
Prompt: bleeding, bad taste/smell, swelling?

Exacerbations: *Does anything make is worse?*
Or better? Painkillers help?

Onset: *When did the pain start?*
What were you doing?

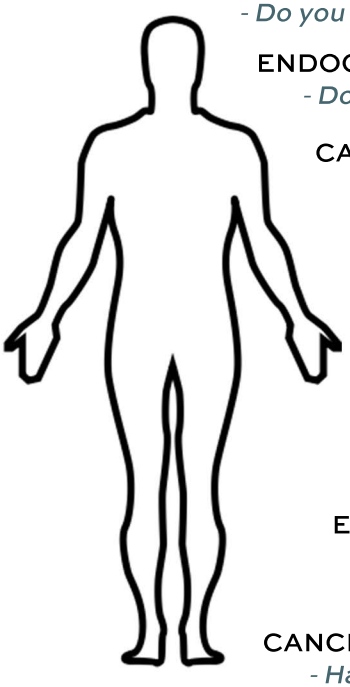
Radiation: *Is the pain spreading?*

Timing: *How long does it last for?*
Prompt: seconds, minutes, hours or is it constant?
Does it keep you up at night?

Severity: *On a scale of 1-10, how much pain are you experiencing?*

** Remember to summarise points to patient to confirm*

- **Medical History:**



CNS/MENTAL HEALTH
- Do you ever experience fits, faints or funny turns? Migraines? Mental health issues?

ENDOCRINE
- Do you have any problems with your hormones? Diabetes?

CARDIOVASCULAR
- Do you have any heart problems? High blood pressure/cholesterol? Any bleeding problems?

RESPIRATORY
- Do you have any problems with your breathing?

LIVER/KIDNEYS
- Do you have any problems with your liver or kidneys?

GASTROINTESTINAL
- Do you have any stomach problems or problems with your digestion?
- Any problems going to the toilet?

EXTREMITY
- Do you have any bone, muscle or joint problems?
- Do you have any problems with your skin?

CANCER
- Have you ever had cancer or are you currently suffering from cancer?

- Are you pegnant?
- Do you have any allergies?
- Do you have any other medical problems that I might have missed?
- Are you on any other medication that you've not mentioned so far?

- **Social History:**
  Occupation – *Are you currently working? What do you do?*
  Smoking – *Do you smoke? What do you smoke? How often/much?*
  Alcohol – *Do you drink alcohol? How much?*
  Recreational drugs – *Do you take any recreational drugs?*
  Living arrangements/dependents – *Do you live with anyone? Do you have any dependents?*

- **Past Dental History:**
  - Are you registered with a dentist?
  - How often do you see a dentist?
  - Have you had any dental treatment in the past?
  - Do you have any anxiety while being at the dentist?
  - How do you currently take care of your teeth?
  - Brush/Toothpaste type? When/how often/ how long? Interdental cleaning?
  - What do you eat on a normal day?
    Coffee, Tea, Fizzy, sweets, snacking?