**THE THATCHED HOUSE DENTAL PRACTICE**

**154 High Road Leytonstone, London E15 1UA**

**Tel: 02085342926 Email: thatchedhousedental@gmail.com**

**PRE-APPOINTMENT QUESTIONNAIRE**

**Name:**

**Date of birth:**

**Tel:**

**Date:**

**History of presenting complaint or a reason for an appointment:**

**PAIN? YES NO**

**Severity scale: 1 (no pain) – 10 (worst pain ever)**

**1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10**

**Where is the pain coming from?**

* **Upper left**
* **Upper right**
* **Lower left**
* **Lower right**

**SWELLING? YES NO**

**Where is the swelling?**

* **Upper left**
* **Upper right**
* **Lower left**
* **Lower right**