**Emergency Triage Form**

**Patient’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Intake Person’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Are you in pain today?­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **What is your pain level: Circle one: 1 2 3 4 5 6 7 8 9 10**
3. **Where is your pain?(ex. Upper right side, tooth #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **How long have you been in pain?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Has this tooth had previous treatment?\_\_\_\_\_\_\_\_\_**

 **If yes, when and what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Is this tooth treatment planned for any treatment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **If yes, would you like treatment completed on today?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Method of Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**