

Tooth Sensitivity & Dental Visit Record

Record what happens during normal daily activities

Do not deliberately test a painful tooth with cold, heat, or pressure. This record cannot diagnose the cause; do not delay care to complete it.

Name / date:

1. Where and when it started

Affected tooth or area (upper/lower, left/right; unsure is OK):

When did it start? Is it changing or getting worse?

Recent dental treatment or injury / date:

2. Examples of discomfort

Severity: 0 = no pain; 10 = worst imaginable. Note if pain occurs on its own.

Date / time	Trigger / activity	0-10	How long did it last?

Examples: drinking, eating, brushing, biting, or no trigger. Record what you noticed without repeating the activity to check.

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Prepare questions and record the care plan

Contact your dentist for new, worsening, lingering, or biting pain. Seek prompt care for severe pain, swelling, or fever.

1. Products and habits to discuss

Toothpaste / how long used:

Whitening or other oral-care products / recent changes:

Brush type / pressure / any clenching or grinding noticed:

2. Questions for my dentist

Could this be an exposed root, cavity, crack, or old filling? Which toothpaste and brushing method fit my needs? When should I expect a review?

My other questions:

3. Recommendations and follow-up

Dentist / appointment date / office phone:

Recommended care or products (or attach visit instructions):

Follow-up date / when to call sooner:

Educational record, not a diagnosis or treatment plan. Reference: American Dental Association, MouthHealthy: Sensitive Teeth.
