

GUNN FAMILY DENTISTRY

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CHIEF COMPLAINT

Today Date: _____

Patient's Name: _____

What is your main reason for being here today? (Please explain in detail below)

If you are here for an emergency exam, answer the following questions:

- How long have you been in pain?
- Where is your pain located today? (**Circle more than one if applicable**)
Upper right Upper left Upper front
Lower right Lower left Lower front
- Which area, if more than one is hurting, is the most severe?
Upper right Upper left Upper front
Lower right Lower left Lower front
- Have you gone to the emergency room or another doctor for your pain?
- If so, where?
- Are you taking any medicine for your pain?