

TMJ Screening History

Patient's Name: _____

Doctor's Comments

1. Have you ever had a problem with your jaw Joints (your TMJs)?
2. Have you every been injured by a blow to the jaw?
3. Do your jaw joints ever hurt or become tender when you chew or talk?
4. Do you notice any tenderness when you open wide?
5. Do you ever have any clicks, pops or Grating sounds in your jaw joints?
6. Did you ever have any clicks or pops?
7. Do you clench or grind your teeth?
8. Has your spouse or anyone else told you that you clench or grind your teeth in your sleep?
9. Do you or have you ever been told that you snore?
10. Do you have frequent headaches?
If so, how often? Where?
11. Do you ever wake from a nap with a headache?
12. Has your jaw ever locked open or closed?
(please circle one if appropriate)
13. Do you ever have difficulty opening?
14. Have you ever been treated for a TMJ problem?
 - *Bite Splint
 - * Medication
 - *Surgery
 - *Orthodontics
 - *Physical Therapy
 - *Equilibration
 - *Counseling

I have provided accurate information on this document and will be responsible to update Dr. Maniscalco of any changes. I authorize the release of information for insurance purposes and give consent for treatment to Dr. Maniscalco and his team. I understand photographs may be taken and used for education purposes and or advertising.

Signature: _____ Date: _____