

Patient: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

## Temporo Mandibular Dysfunction (TMD) Symptoms

(Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Headaches/Migraines       | <input type="checkbox"/> Pain When Chewing                     |
| <input type="checkbox"/> Pain/Pressure Behind Eyes | <input type="checkbox"/> Jaw Muscle Twitching                  |
| <input type="checkbox"/> Neck Pain                 | <input type="checkbox"/> TM Joint Click/Noise                  |
| <input type="checkbox"/> Back Pain                 | <input type="checkbox"/> TM Joint Pain                         |
| <input type="checkbox"/> Fibromyalgia              | <input type="checkbox"/> Jaw Locking/Catching                  |
| <input type="checkbox"/> Vertigo/Dizziness         | <input type="checkbox"/> Limited Mouth Opening (Norm 45-52 mm) |
| <input type="checkbox"/> Ear Pain                  | <input type="checkbox"/> History of Tooth Fractures            |
| <input type="checkbox"/> Ear Congestion/Fullness   | <input type="checkbox"/> Unexplained Tooth Pain/Mobilities     |
| <input type="checkbox"/> Tinnitus/ ringing in Ears | <input type="checkbox"/> Sudden Bite Change                    |
| <input type="checkbox"/> Facial Pain               | <input type="checkbox"/> Severe Teeth Wear                     |
| <input type="checkbox"/> Trigeminal Neuralgia      |  |

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_