

Explain

Please indicate the time sequence in which you became aware of the following problems (1st, 2nd, 3rd etc). Number only those which apply.

Pain

Noise

Limited Opening

Locking

Other

Which aspects of your problem concerns you the most? *

Are you aware of clenching your teeth? *

Do you grind your teeth? *

When?

Has there been a recent change in your lifestyle such as a change in marital status, childbirth, change in employment, death in immediate family or other stressful event? *

Do you think nervous tension seems to effect this problem? *

Explain *

Have you had problems in other joints? *

Have you had orthodontic treatment? *

Where? *

When? *

Have you had X-Rays taken for this problem? *

Where? *

When? *

Have you received previous treatment for this problem? *

Do you have frequent headaches? *

How Often? *

Location? *

Do you have migraine headaches? *

Medication taken for migraines? *

Thanks for taking the time to give us this information. We look forward to seeing you in the office.