

TMJ Screening History

Date: _____

Patient's Name: _____

Doctor's Comments

1. Have you ever had a problem with your jaw joints (your TMJs)?
2. Have you ever 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 have frequent headaches?
If so, how often? Where?
8. Has your jaw ever locked open?
closed?
9. Do you ever have difficulty opening?
10. Have you ever been treated for a TMJ problem?
 - Bite Splint
 - Medication
 - Surgery
 - Orthodontics
 - Physical Therapy
 - Equilibration
 - Counseling