

## TMJ INFORMATION (Jaw joints in front of ears)

Name \_\_\_\_\_

Is there any history of the following:

CLINCHING OF THE TEETH? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN? \_\_\_\_\_

HEADACHES (MORE THAN NORMAL) \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN? \_\_\_\_\_

JAW JOINT SORENESS? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN? - \_\_\_\_\_

JAW JOINT CLICKING? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN? \_\_\_\_\_

JAW JOWT POPPING? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN? \_\_\_\_\_

RINGING IN THE EARS? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN? \_\_\_\_\_

MUSCULAR SORENESS AROUND THE HEAD? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN? \_\_\_\_\_

HAS THE PATIENT BEEN TREATED FOR TMJ PROBLEMS? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN? \_\_\_\_\_

DO MOTHER OR FATHER HAVE TMJ PROBLEMS? \_\_\_\_\_ YES \_\_\_\_\_ NO