



## TMJ SYNDROME AND MYOFASIAL PAIN

### Health History Questionnaire

Patient Name \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Sex M F (circle one) SSN or SIN: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### CHIEF COMPLAINT(S)

1) Describe what you think the problem is \_\_\_\_\_

2) What do you think caused the problem? \_\_\_\_\_

3) Describe, in order (first to last) what you expect from your treatment \_\_\_\_\_

#### MEDICAL AND DENTAL HISTORY

1) Are you presently under the care of a physician or have you been in the past year?  Yes  No

Physicians name \_\_\_\_\_

Condition(s) treated \_\_\_\_\_

#### TREATMENT

Name of medications(s) you are currently taking \_\_\_\_\_

2) How would you describe your overall physical health?  Poor  Average  Excellent

3) How would you describe your dental health?  Poor  Average  Excellent

Dentist's name \_\_\_\_\_ Date of last appointment \_\_\_\_\_

4) Have you had any major dental treatment in the last two years?  Yes  No

If yes, please mark  Orthodontics  Periodontics  Oral Surgery  Restorative

Dates of third molar (wisdom teeth) extraction(s) \_\_\_\_\_

#### HISTORY OF INJURY AND TRAUMA

1) Is there any childhood history of falls, accidents of injury to the face or head?  Yes  No

If yes, please describe \_\_\_\_\_

2) Is there any recent history of trauma to the head or face? (auto accident, sports injury, facial impact?)

Yes  No If yes, please describe \_\_\_\_\_

3) Is there any activity which holds your head or jaw in an imbalanced position (phone, swimming, instrument)

Yes  No If yes, please describe \_\_\_\_\_

#### FACIAL PAIN PAST TREATMENT

1) Have you every been examined for TMD problem before?  Yes  No

If yes, by whom? When? \_\_\_\_\_

2) What was the nature of the problem? (pain, noise, limitation of movements? \_\_\_\_\_

3) What as the duration of the problem ? Months? \_\_\_\_\_ Years \_\_\_\_\_ Is this a new problem?  Yes  No

4) Is the problem getting better, worse or staying the same? \_\_\_\_\_