

TMD/AIRWAY SCREENING REPORT

PATIENT NAME: _____ DATE: _____

1. Do you have headaches? Yes No
2. Do you use over the counter pain medication or sleeping aids? Yes No
3. Do you experience sounds like popping or clicking in the jaw joints? Yes No
4. Can you get to sleep? Yes No
5. Can you sleep throughout the night without waking? Yes No
6. Do you wake rested? Yes No

Patient Signature _____ Date _____

For office use only

Range Of Motion Measurements

Interincisal Opening (w/o pain) _____ mm Interincisal Opening (with pain) _____ mm Protrusive _____ mm

Lateral Excursion Right _____ mm Lateral Excursion Left _____ mm

Scalloped Tongue Yes No

By: _____ (Initials) Date _____

Normal ranges of motion based on cranial skeletal types are: 42-52 mm maximum opening, 8-12 mm protrusive, and 10-14 mm of lateral movement both right and left ¹

Referral for evaluation with: **TMJ & Sleep Therapy of Centre Conejo Valley 805.496.5700**
558 St. Charles Dr. #201 Thousand Oaks, CA 91360

Requested by: _____

Signature: _____

Special Instructions _____

Please call me before evaluation appointment Send Report Call to discuss after evaluation

¹ Duane Grummon work of 500 consecutive asymptomatic orthodontic patients separated by cranial skeletal types. Orthodontics for the TMD/TMD Patient.

² Stanley Hoppenfeld, Physical Examination of the Spine and Extremities

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