Meir N Keller DDS
Cranio Facial Pain & Disorders

TMJ
EVALUATION FORM

NAME:________________________DATE:________________AGE:__________

IN YOUR OWN WORDS PLEASE EXPLAIN WHY YOU ARE HERE: ________________________

____

DATE PROBLEM BEGAN:____________ AGE PROBLEM BEGAN:________________

PREVIOUS FACIAL INJURY? ☐ NO ☐ YES WHEN WAS THE INJURY?__________

IF YES, PLEASE GIVE DETAILS OF THE INJURY.______________________________

____

PLEASE CHECK WHETHER YOU HAVE HAD ANY OF THE FOLLOWING:

			RESULTS: Good	Fair	Poor
☐	ORTHODONTICS	WHEN?__________	☐	☐	☐
☐	OCCLUSAL ADJUSTMENT	WHEN?__________	☐	☐	☐
☐	PHYSICAL THERAPY	WHEN?__________	☐	☐	☐
☐	TMJ SPLINT	WHEN?__________	☐	☐	☐
☐	TMJ ARTHROSCOPIC SURGERY	WHEN?__________	☐	☐	☐
☐	TMJ OPEN JOINT SURGERY	WHEN?__________	☐	☐	☐
☐	TMJ PROSTHETIC REPLACEMENT	WHEN?__________	☐	☐	☐

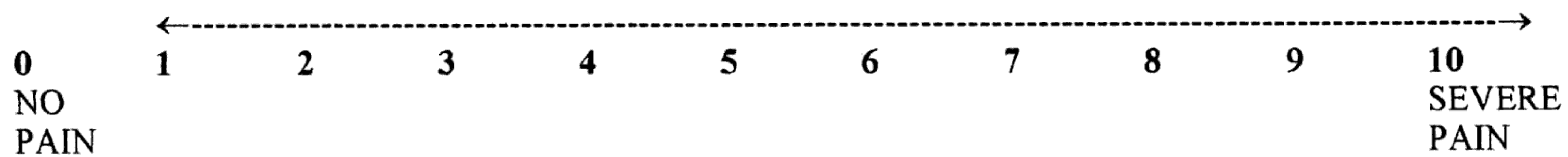
MEDICATIONS TAKEN IN THE PAST FOR TMJ:______________________________

____

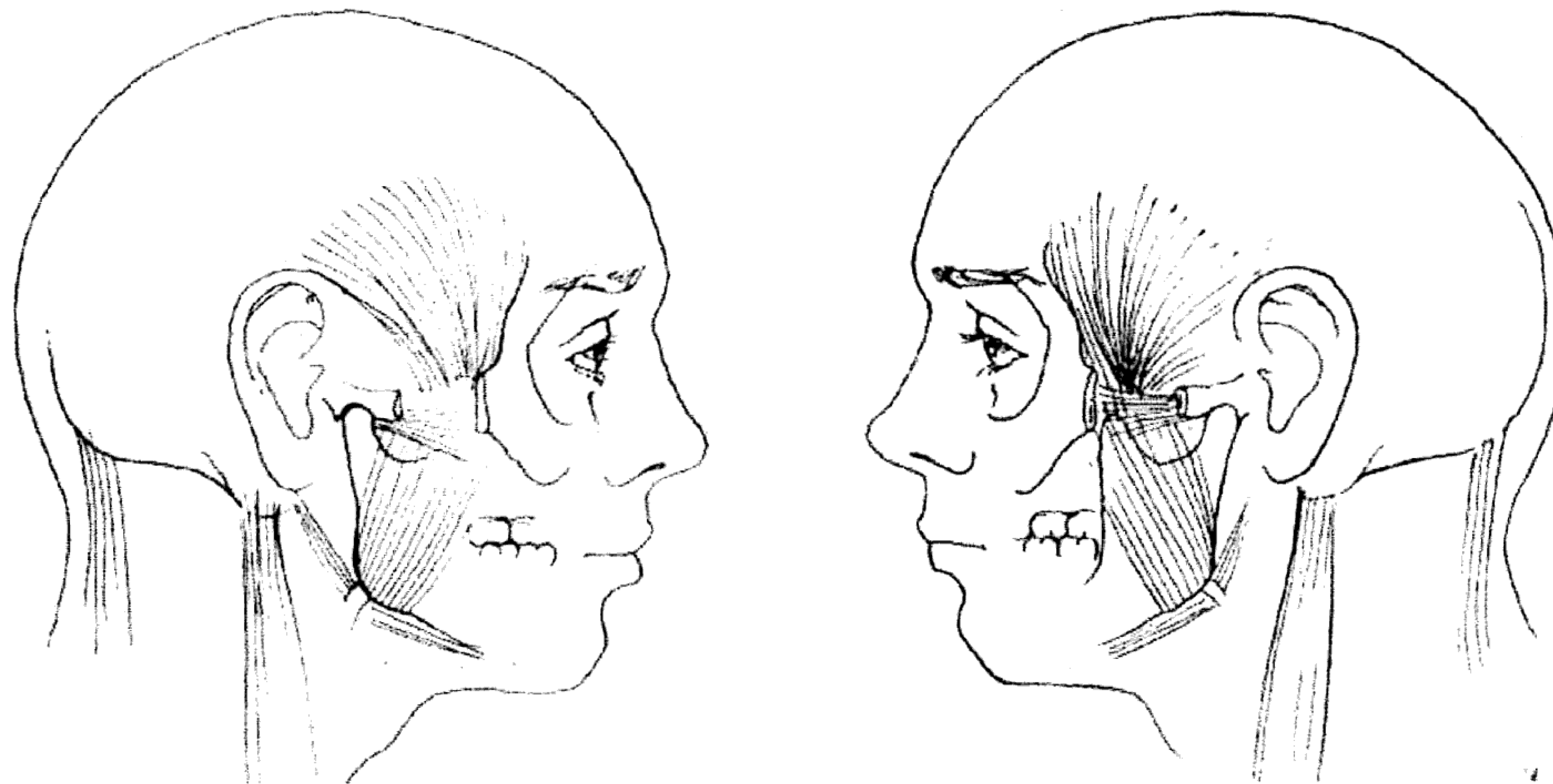
CURRENT MEDICATIONS FOR TMJ:____________________________________

____

INDICATE ON THE FOLLOWING SCALE HOW SEVERE YOUR PAIN IS THE MAJORITY OF THE TIME.



PLEASE INDICATE WHERE YOU ARE HAVING PAIN ON THE DIAGRAM BELOW



2489 Tapo Street, Simi Valley, CA, 93063 Office: (805) 527-2266 Fax: (805) 527-2269
drkellerdds.com

TMJ EVALUATION FORM

IS THE PAIN CONSTANT OR INTERMITTENT? (CIRCLE ONE)

DOES IT HURT TO MOVE YOUR JAW? ☐ YES ☐ NO
TO CHEW? ☐ YES ☐ NO

DOES THE PAIN/PROBLEM LIMIT YOUR FUNCTION? ☐ YES ☐ NO
IF SO, HOW?____________________

WHEN IS THE PAIN WORSE? MORNING AFTERNOON EVENING (CIRCLE ONE)
OTHER TIME:____________________

DOES ANYTHING YOU DO MAKE THE PAIN WORSE?____________________
WHAT?____________________

DOES ANYTHING YOU DO MAKE THE PAIN BETTER?____________________
WHAT?____________________

WHAT OTHER DOCTORS OR HEALTH CARE ASSOCIATES HAVE YOU SEEN REGARDING THIS PAIN/PROBLEM?_
____

DOES YOUR JAW EVER LOCK OPEN?__________ CLOSED?__________
HOW HAS THIS BEEN TREATED?____________________
CAN YOU DO ANYTHING TO PREVENT OR TREAT THIS?____________________

DO YOU GRIND OR GRIT YOUR TEETH? ☐ YES ☐ NO

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

SINUS PROBLEMS__________ HEARING CHANGES__________ STRESSFUL JOB__________
SENSITIVE TEETH__________ RINGING IN EARS__________ MARITAL PROBLEMS__________
PERIODONTAL DISEASE__________ DIZZINESS__________ TROUBLE SLEEPING__________
HEADACHES__________ SHOULDER PAIN__________ ULCERS__________
MIGRAINES__________ ARTHRITIS__________ NERVOUS STOMACH__________
NECK ACHE__________ SKIN DISEASES__________ ALLERGIES__________
EAR ACHE__________ DEPRESSION__________ to WHAT?__________

LIST OTHER MEDICAL PROBLEMS:____________________
____
____
____

THE PAIN IS HAVING THIS EFFECT ON MY LIFE.

← | ----------------- | ----------------- | ----------------- | ----------------- | →

0 1 2 3 4 5 6 7 8 9 10

0	2–3	5–6	7–8	10
NO EFFECT	SLIGHT EFFECT I can work/play but I am aware of pain	MODERATE EFFECT Some days I cannot function	SEVERE EFFECT Most days cannot function	CANNOT FUNCTION AT ALL

2489 Tapo Street, Simi Valley, CA, 93063 Office: (805) 527-2266 Fax: (805) 527-2269
drkellerdds.com

Meir N Keller DDS
Cranio Facial Pain & Disorders

TMJ EVALUATION FORM

EXAMINATION

(TO BE COMPLETED BY THE DOCTOR)

EXAM: OCCLUSION

☐ CL I ☐ CL II ☐ CL III

☐ (R) CROSSBITE ☐ (L) CROSSBITE ☐ OPEN BITE

UPPER INCISOR SHOW AT REST _________MM

UPPER INCISOR SHOW AT HIGHSMILE ______MM

OVERBITE_________MM OVERJET_________MM

MAXILLARY MIDLINE__________

MANDIBULAR MIDLINE_________

INTERFERENCES ON EXCURSION:
RIGHT EXCURSION _________ LEFT EXCURSION________ PROTRUSION_______

TMJ: MAXIMUM INTERINCISAL OPENING_________MM

MAXIMUM INTERINCISAL OPENING WITHOUT PAIN_________MM

(R) LATERAL EXCURSION __________MM

(L) LATERAL EXCURSION___________MM

DEVIATION ON OPENING

JOINT NOISE

OPENING POP	☐ **(R)**	☐ **(L)**
CLOSING POP	☐ **(R)**	☐ **(L)**
CREPITATION	☐ **(R)**	☐ **(L)**

Tenderness to palpation

TMJ	☐ **(R)**	☐ **(L)**
MASSETER	☐ **(R)**	☐ **(L)**
TEMPORALIS	☐ **(R)**	☐ **(L)**
MEDIAL PTERYGOID	☐ **(R)**	☐ **(L)**
LATERAL PTERYGOID	☐ **(R)**	☐ **(L)**
ANTERIOR NECK	☐ **(R)**	☐ **(L)**
STERNOCLEIDOMASTOID	☐ **(R)**	☐ **(L)**
POSTERIOR NECK	☐ **(R)**	☐ **(L)**

Other Findings:____

____

____

____

2489 Tapo Street, Simi Valley, CA, 93063 Office: (805) 527-2266 Fax: (805) 527-2269
drkellerdds.com