



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.

