Meir N Keller DDS

Cranio Facial Pain & Disorders

TMJ**EVALUATION FORM**

NAME:			D	ATE:			AGE:_		
N YOUR OWN	WORDS PLEAS	E EXPLAIN	WHY YOU	ARE HERE:					
DATE PROBLE	EM BEGAN:		A	GE PROBL	EM BEG	AN:			
PREVIOUS FACIAL INJURY?				☐ YES WHEN WAS THE INJURY?					
F YES, PLEAS	E GIVE DETAILS	S OF THE I	NJURY						
PLEASE CHEC	K WHETHER YO	OU HAVE H	AD ANY OF	THE FOLLO	WING:			RESULT	
ORTH	ORTHODONTICS			/HFN?			Good	Fair □	Poor
	OCCLUSAL ADJUSTMENT			WHEN?					
PHYS	PHYSICAL THERAPY			WHEN?					
TMJ S	TMJ SPLINT			WHEN?					
] TMJ A	ARTHROSCOPIC SURGERY OPEN JOINT SURGERY			WHEN?					
TMJ F	ROSTHETIC RE	OEK I PLACEMEN	JT V	/HEN?					
MEDICATIONS	S TAKEN IN THE	PASTFOR	: IMJ:						
CURRENT ME	DICATIONS FOR	TMJ:							
	THE FOLLOWIN	IG SCALE I	HOW SEVER	E YOUR PAIN	N IS THE N	MAJORITY	OF THE	TIME.	,
		IG SCALE I	HOW SEVER	E YOUR PAIN	N IS THE N	MAJORITY	OF THE	TIME. 10 SEVE	→ RE
NDICATE ON	THE FOLLOWIN	IG SCALE I	HOW SEVERI	E YOUR PAIN	N IS THE N	MAJORITY 8	OF THE	TIME. 10 SEVE PAIN	
NDICATE ON 0 NO	THE FOLLOWIN	IG SCALE I	HOW SEVERI	E YOUR PAIN	N IS THE N	MAJORITY 8	OF THE	TIME. 10 SEVE PAIN	

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IS THE PAIN <u>CONSTANT</u>	OR <u>INTERMITTENT</u>	? (CIRCLE ONE	E)				
DOES IT HURT TO MOVE		□ YES		NO			
DOES IT HURT TO MOVE	TO CHEW?		□ YES	_	NO NO		
	TO CITEW!		L 113	ы	NO		
DOES THE PAIN/PROBLE IF SO, HOW?	M LIMIT YOUR FUN		□ YES		NO		
WHEN IS THE PAIN WOR OTHER TIME:		G AFTER	RNOON	EVENING	(CIRCLE ON	Ξ)	
DOES ANYTHING YOU D WHAT?		WORSE?				-	
DOES ANYTHING YOU D WHAT?	O MAKE THE PAIN						
WHAT OTHER DOCTORS	OR HEALTH CARE	ASSOCIATES I	HAVE YOU	J SEEN REG	ARDING THIS	PAIN/PROBLEM?_	
DOES YOUR JAW EVER L		CLOSED?_		-			
HOW HAS THIS	BEEN TREATED? NYTHING TO PREVE						
CAN YOU DO AN	NY THING TO PREVE	ENI OR IREAI	1HIS!				
DO YOU GRIND OR GRIT	YOUR TEETH?		□ YES		NO		
DO YOU HAVE OR HAVE	YOU HAD ANY OF	THE FOLLOW	NG?				
SINUS PROBLEMS	HEARING	CHANGES	· · · · · · · · · · · · · · · · · · ·	_STRESSFUI	JOB		
SENSITIVE TEETH	RINGING	IN EARS		MARITAL PROBLEMSTROUBLE SLEEPINGULCERS			
HEADACHES	DIZZINES	D DAINI		IN CERC	LEEPING		
MICRAINES	SHUULDE	K PAIN		NEDVOLICE	TOMACII		
MIGRAINES	AKIRKIII	SACEC	CEC		STOMACH		
EAD ACHE	MIGRAINES ARTHRITIS_ NECK ACHE SKIN DISEA EAR ACHE DEPRESSION		5)		
EAR ACHE	DEPRESSI	ON		_ to what	′		
LIST OTHER MEDICAL PI	ROBLEMS:						
THE PAIN IS HAVING TH							
←			.			→	
0 1	2 3 4	5	6	7 8		10	
NO	SLIGHT	MODE	RATE	SEVERE	C.	ANNOT	
EFFECT	EFFECT	EFFEC	T	EFFECT		INCTION	
211201	I can work/play	Some d		Most day		T ALL	
	but I am aware		function	cannot fu			
	of pain	ouniot i		Calliot 10			