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
Scallop Tongue Yes □ No □ By: __________ (Initials) Date ________________

Normal ranges of motion based on cranial skeletal types are: 42-52 mm maximum opening, 3-12 mm protrusive, and 10-14 mm of lateral movement both right and left.

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

Danae Grannum's work of 300 consecutive asymptomatic orthodontic patients separated by cranial skeletal types: Orthodontia for the TMD Patient.
Shamberger, Richard, Physical Examination of the Spine and Extremities

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