



TMJ, SLEEP THERAPY & AIRWAY ORTHODONTICS

STRAIGHT TO THE SOURCE

When your patients experience one or more of these symptoms, they should have a thorough evaluation by a dentist trained in TM and Sleep. We will be happy to assist you in diagnosis and treatment for possible Craniomandibular/Temporomandibular Dysfunction or Sleep Disordered Breathing/Apnea.

NEW PATIENT INFORMATION:

Name: _____ DOB: _____

Address: _____ Email: _____

_____ Phone: (____) _____

REFERRING OFFICE INFORMATION:

NOTES/COMMENTS:

Name: _____

Phone: (____) _____

___ Exam ___ 2nd Opinion ___ Send Report ___ Call Me **Urgent Consult Requested**

SCREENING FORM

___ Jaw Pain	___ Primary headaches or migraines	___ ADD/ADHD
___ Clicking/grating in TM Joints	___ Neck, shoulder, back pain or stiffness	___ CPAP Intolerance
___ Limited mouth opening	___ Dental crowding/spacing	___ Tooth Grinding
___ Disturbed, restless sleeping	___ Locking jaw (opened or closed)	___ Dizziness
___ Facial or undiagnosed teeth pain	___ Chronic mouth breathing	___ Sleep Apnea
___ Daytime Drowsiness	___ Earaches, stuffiness or ringing	___ Snoring

Please mark these additional screening symptoms only if the patient is a child experiencing them:

___ Night terrors ___ Bed wetting

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