



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

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

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

Night terrors Bed wetting

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