

14. Dizziness (vertigo) Y N
 15. Upset stomach-nausea Y N

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27. What are your chief complaints? Please list complaints from the most to least important.

- _____
- _____
- _____

28. List additional symptoms? _____

29. Do symptoms affect one or both joints? L R or Both
 30. If both joints, which one is most affected? L R
 31. How long have you been bothered by this problem? ___Days ___Weeks ___Months ___Years
 32. Have you had any injury to the jaw or face? Y N
 If so, please briefly explain: _____

33. Do you have arthritis? Y N
 34. Have you ever had general anesthesia? Y N
 35. Have you ever had cervical traction? Y N
 36. Have you ever worn a neck brace? Y N
 37. Have you had your teeth straightened? (Orthodontia) Y N
 38. Have you had your wisdom teeth removed? Y N
 39. Did you have allergies as a child? Y N
 40. Have you had your bite adjusted by a dentist (equilibrated)? Y N
 If yes, please explain when and why: _____

41. Do you clench your teeth? Y N
 42. Do you grind your teeth (Brux) at night during your sleep? Y N
 43. Do you chew gum? Y N
 Frequently _____ Infrequently _____ Moderately _____ Never _____
 44. Do you attribute the symptoms to one incident? Y N
 If yes, please explain: _____

45. Have you had cortisone injected into the jaw joint? Y N
If yes, When _____ How many injections? _____
By Whom: _____

Pg. 3

46. Have you had any other treatment for any of the above issues? (medical, exercise, dental appliances splint or night guard). _____

47. List all medications and dosage taken for these issues: _____

48. Please list chronologically, names and types of doctors and their locations, whom you have seen in the past for this or related issues.

49. Please indicate any other pertinent information which has not been covered previously.

50. Are you in litigation or are you planning litigations? If so, please explain:

Date Completed: _____ Patient's Signature: _____

