



## TMD History

Health professionals seen for current symptom(s): \_\_\_\_\_

Diagnostic procedure(s) done: \_\_\_\_\_

Onset: trauma / insidious / surgery / other: \_\_\_\_\_

Previous treatment(s): \_\_\_\_\_

Medication: anti-inflammatory / muscle relaxer / narcotic / antidepressant / antianxiety

Progression of symptoms: better / worse / no change \_\_\_\_\_

Do you have jaw pain? No \_\_\_ Yes \_\_\_ R \_\_\_ L \_\_\_

Is your jaw pain: constant \_\_\_\_, daily \_\_\_\_, weekly \_\_\_\_

What increases your jaw pain? \_\_\_\_\_

What decreases your jaw pain? \_\_\_\_\_

Does your jaw click / pop / grind? No \_\_\_ Yes \_\_\_ R \_\_\_ L \_\_\_

Do you have limited mouth opening? No \_\_\_ Yes \_\_\_ R \_\_\_ L \_\_\_

Has your jaw ever locked open \_\_\_ or closed \_\_\_? No \_\_\_ Yes \_\_\_ R \_\_\_ L \_\_\_

Do you clench \_\_\_ grind \_\_\_ brace \_\_\_? No \_\_\_ Yes \_\_\_

Do you have ear symptoms? No \_\_\_ Yes \_\_\_ R \_\_\_ L \_\_\_

Is your ear symptoms ( \_\_\_\_\_ ): constant \_\_\_\_, daily \_\_\_\_, weekly \_\_\_\_

What increases your ear symptoms? \_\_\_\_\_

What decreases your ear symptoms? \_\_\_\_\_

Do you have headaches? No \_\_\_ Yes \_\_\_

Location: \_\_\_\_\_

Is you H/A: constant \_\_\_\_, daily \_\_\_\_, weekly \_\_\_\_

What increases your H/A? \_\_\_\_\_

What decreases your H/A? \_\_\_\_\_

Do you have neck / shoulder pain? No \_\_\_ Yes \_\_\_ R \_\_\_ L \_\_\_

Is your N/S pain: constant \_\_\_\_, daily \_\_\_\_, weekly \_\_\_\_

What increases your N/S pain? \_\_\_\_\_

What decreases your N/S pain? \_\_\_\_\_

Other symptoms? \_\_\_\_\_