Cosmetic & Family Dentistry 114 West Columbia Street

Weatherford, TX 76086

817-594-3806

cafd11@sbcglobal.net www.weatherforddentistry.com







TMJ/ORTHO HEALTH SCREEN

Our office	e offers orthdontics	s. Have you ev	er considered braces of	or Invisalign?	
Yes	○ No				
Have you	ı had braces?				
O Yes	○ No				
Do you h	ave headaches?				
Never	AM	PM	All Day		
How ofter	n do you have he	adaches?			
everyday		once	or twice per week	once or twice per month	
Do you wake up and your teeth are sore or hurt?					
O Yes	○ No				
Do you w	ake up and your ja	aw muscles acl	ne or hurt?		
O Yes	○ No				
Do you o	clench or grind you	r teeth?			
Yes	○ No				
Do you ha	ave pain in your ja	w joints?			
Yes	No	Right	Left		
Do you he	ear any clicking, p	opping, or crun	ching in your jaw joints	?	
Yes	No	Right	Left		
Do you he	ear odd noises in y	our ears, like r	inging, buzzing, etc?		
Yes	No	Right	Left		

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Has your jaw ever gotten locked?						
No Yes, while opening	Yes, while closing					
Do you avoid any chewy or tough foods because you ca	n't open wide or your jaws hurt?					
Yes No						
Have you ever had a severe blow to the head, neck or ja	aws?					
○ Yes ○ No						
Do you feel a lot of stress in your life?						
Yes No						
Do you take pain medication regarding your head, neck or jaw discomfort?						
Never Daily	2 - 3x per week 2 - 3x per month					
Do you already have a nightguard or mouthpiece? Yes No						
FOR OFFICE USE ONLY						
Overjet						
Overbite						
Maximum Opening without pain						
Maximum Opening with PAIN						

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Habits Tongue Thruster Thumb Sucker	Mouthbreather
Crowding Yes No MX MD	
Crossbite Unilateral Bilateral Anterior	Posterior
Shimbashi	
Tonsils01234	
NOTES	
Signature:	Date:
	Response Date: