



*Advanced Cosmetic, TMJ Rehabilitation and
Family Restorative Dentistry*

TMJ SCREENING HISTORY

(Dr. Gonzalez specializes in TMJ Rehabilitation and prevention. Please answer the following questions even if the answers is no for all of the following)

Patient Name _____

- | | | |
|---------------------------------------------------------------------------|-----|----|
| 1) Have you ever had a problem with your Jaw Joints? | Yes | No |
| 2) Have you ever been injured by a blow to the Jaw? | Yes | No |
| 3) Do Your Jaw Joints ever hurt or become tender when you chew or talk ? | Yes | No |
| 4) Do you Notice any tenderness or pain when you “open wide”? | Yes | No |
| 5) Do you Ever have any clicks, pops or grating sounds in your jaw joint? | Yes | No |
| 6) Do you have frequent headaches?
How Often? _____ | Yes | No |
| 7) Has your Jaw ever locked open or locked closed? | Yes | No |
| 8) Do you ever have difficulty opening or staying open for long periods? | Yes | No |
| 9) Have you ever been treated for TMJ problems? | Yes | No |

10) Circle any of the following treatments for TMJ you have undergone

- Bite Splint
- Medication
- Surgery
- Orthodontics
- Physical Therapy
- Equilibration
- Counseling

Doctor's Notes
