

History:

Sinus trouble:(Palpate!) No Yes _____ patient _____ date _____

Head, Neck or Jaw trauma: No Yes _____

Headaches: How often do you have headaches ? #/day _____ #/week _____ #/month _____ Never

Pain level(0 is low,10 is high) 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Where are they located? Frontal(R/L) Temporal(R/L) Occipital Generalized

What do you think is the cause of your headaches? _____

Does anything make them better? _____

Previous diagnosis of headaches? No Yes _____

Previous treatment of headaches? No Yes _____

Would you like me to see if your bite has anything to do with it? ~~This leads to mounted study models!~~ _____

Joint:

How would you describe your current jaw/joint condition?: _____

Pain: No Yes: R/Pain level _____ L/Pain Level _____

Click/popping: No Yes(R L) How long? _____ Still present No Yes

Grating: No Yes(R L) How long? _____ Still present No Yes(may refer for x-ray)

Frequency: All the time(Treatable) Intermittent(Unpredictable)

Has it gotten: Better Worse Same

What makes jaw pain: Better? _____ Worse? _____

Has there ever been any limitation of opening? No Yes _____

Previous diagnosis of jaw problem? No Yes _____

Previous treatment of jaw problem? Bite splint Medication Surgery

Physical Therapy Orthodontics Equilibration Counseling

Meds: Past meds for jaw joint or headaches: _____

Current meds for jaw joint or headaches: _____

Misc:

Have you ever had orthodontics? Yes, how long ago? _____ No

Have you ever been equilibrated? Yes, how long ago? _____ No