

Steadman Family Dentistry

Stony Point Medical Park – 9220 Forest Hill Avenue Suite A-5 – Richmond, VA 23235
(804)-272-3200

TMD History

Health professional seen for current symptom(s); _____

Diagnostic procedure(s) done; _____

Onset; trauma / insidious / surgery / other; _____

Previous treatment(s); _____

Medications; anti-inflammatory / muscle relaxer / narcotic / antidepressant / anti-anxiety

Progression of symptoms; better/worse/no change

Do you have jaw pain? No ___ Yes ___ if yes, which side? Right ___ Left ___

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 close ___? No ___ Yes ___ R ___ L ___

Do you clench ___ grind ___ brace ___? No ___ Yes ___

Do you have ear symptoms?

Is your ear symptom (_____) constant ____, daily ____, weekly _____

What increases your ear symptom? _____

What decreases your ear symptom? _____

Do you have headaches? No ___ Yes ___

Location: _____

Is your H/A pain; 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? _____