

Index of Head, Neck, and Facial Pain plus TMJ Dysfunction

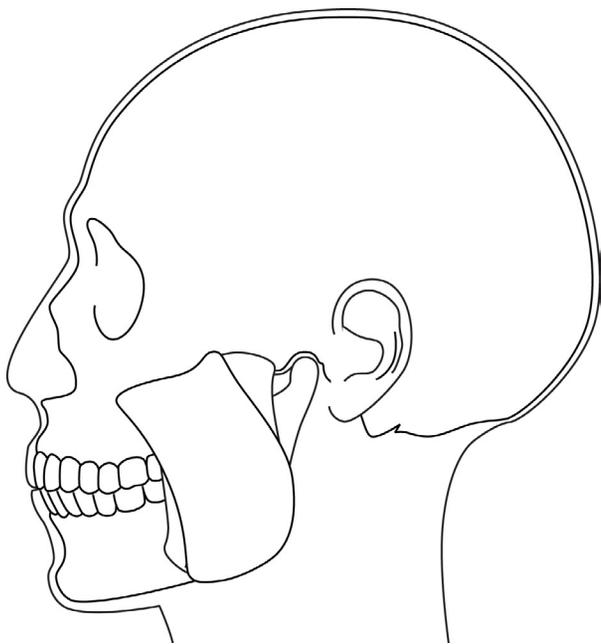
Name _____ Age _____ Today's Date _____

Please indicate your main or chief complaints in order of their current importance:

1. _____
2. _____
3. _____

Additional Comments:

Please draw areas of pain or distress on the picture below:



Please check symptoms you have had or are currently experiencing:

EYE PAIN AND ORBITAL PROBLEMS

- Eye pain, above, below, behind
- Pressure behind the eyes (retro-orbital)
- Watering of the eyes (lacrimation)

HEAD AND HEADACHE PAIN

- Forehead (frontal) pain or headache
- Temple (temporal) pain or headache
- "Migraine" type headache
- "Cluster" headache
- Maxillary sinus pain or headache (under the eyes)
- Posterior headaches (back of the head) with or without shooting pains (occipital)
- Hair and scalp painful to touch (parietal)
- Other type of headache or head pain

If so, please list: _____

MOUTH, CHEEK, AND CHIN PROBLEMS

- Discomfort
- Limited opening
- Inability to open smoothly, evenly
- Jaw deviates to one side when opening
- Inability to "find bite"

THROAT PROBLEMS

- Swallowing difficulties
- Tightness of throat
- Sore throat without infection (coryza)
- Frequent coughing or constant clearing of throat
- Feeling of foreign object in throat
- Tongue pain (glossalgia)
- Pain in the hard palate (posterior area)

TEETH AND GUM PROBLEMS

- Clenching and grinding at night (bruxism)
- Looseness and or soreness of back teeth
- Tooth pain (toothache)

JAW AND JAW JOINT PROBLEMS

- Clicking of the jaw joints
 - right left both
- Popping of jaw joints
 - right left both
- Grating sounds (crepitus)
 - right left both
- Jaw locking opened or closed
- Pain in cheek muscles
- Uncontrollable jaw, tongue movements
- Avoiding certain foods

If so, please list: _____

EAR AND BALANCE PROBLEMS

- Hissing, bussing, ringing, roaring (tinnitus)
- Diminished hearing (subjective hearing loss)
- Ear pain without infection (otalgia)
- Clogged, stuffy, "itchy" ears; feeling of fullness
- Balance problems, "vertigo" (disequilibrium)

NECK AND SHOULDER PROBLEMS

- Lack of mobility, reduced range of movement
- Stiffness
- Neck pain
- Tired, sore neck muscles
- Shoulder aches
- Upper and/or lower back pain
- Arm and finger tingling, numbness, and/or pain

Bodywork and Medication

Are you currently receiving any body work (massage, acupuncture, chiropractor, etc.)?

| Type: | Practitioner: | Frequency: |
|-------|---------------|------------|
| | | |
| | | |
| | | |

*Please use space on the back of this page or attach an additional listing if needed.

Are you currently taking any of the following? If so, which specifically?

| Pain Medications: | Anti-Depressants: | Muscle Relaxants: |
|-------------------|-------------------|-------------------|
| | | |
| | | |
| | | |

*Please use space on the back of this page or attach an additional listing if needed.

Headache Frequency and TMJ Pain

If you have headaches or TMJ pain at all, please answer the following questions:

- A typical headache is:

| | | |
|----------|------------|--------|
| Mild | Moderate | Severe |
| Constant | Occasional | |
- Headaches typically occur in the:

| | | |
|---------|------------|---------------|
| Daytime | Night time | Both, equally |
|---------|------------|---------------|
- Headaches are present when I awaken:

| | |
|-----|----|
| Yes | No |
|-----|----|
- How often do your headaches occur? _____
- Head or jaw pain occurs at these times (check all that apply):

| | |
|-----------------------|----------------|
| at the end of the day | when yawning |
| when eating | upon awakening |
| when swallowing | when talking |

Treatment History

Please list any previous TMJ Treatment you may have had (splint therapy, orthodontics, surgery, etc.)
