

TMJ Form: please take the time to answer these questions fully.

Name: _____ Date: _____

Have you been diagnosed with TMJ ? _____ By Whom? _____

How did your jaw problems start?

When did you first notice symptoms like pain, tightness, popping or grinding?

Have you had any oral surgeries (like wisdom teeth removal for example)? _____

Have you had braces or other hardware applied to your teeth? _____

Have you been in any car accidents? _____ When? _____

Have you been advised to see an oral surgeon for your TMJ problems? _____

Please list any doctors or therapists who have provided **treatments** for your TMJ condition: **Date:**

	Date:

Have you had jaw X-rays taken? _____ By Whom? _____

Have you ever had your jaw totally stuck so that you couldn't open or close it? If so, please describe:

Are you currently restricting your food choices to include softer foods? _____

Do you grind your teeth together? _____

Thank you