

Tyson's Aesthetic Dentistry

Patient Name: _____

Date: _____

Musculoskeletal Screening Questionnaire

One or more of the following symptoms may be indicative of musculoskeletal dysfunction of the head and neck and TMJ issues. If you have any of the following symptoms, please indicate by checking the appropriate areas. (L=Left, R= Right, Y= Yes, N=No)

Pain in/Around:

Jaw joint ___L___R

Upper Jaw ___L___R

Tongue ___Y___N

Shoulder ___L___R

Ear ___L___R

Lower Jaw ___L___R

Forehead ___L___R

Facial Muscles ___L___R

Temples ___L___R

Eyes ___L___R

Other:

Facial Muscle Twitching ___L___R

Difficulty Chewing ___Y___N

Hearing Loss ___L___R

Difficulty Swallowing ___Y___N

Clicking/Popping Sounds ___Y___N

Loud Snoring ___Y___N

Dizziness/Vertigo ___Y___N

Difficulty Breathing Through Nose ___Y___N

Grating Sound in Joint ___L___R

Mouth Breather at Night ___Y___N

Fullness/Blockage/Pressure in Ears ___L___R

Headaches (Circle Location):

Tension ___ How Often _____ Location: Top of Head, Forehead, Back of Head, Temple, Behind Eyes

Migraine ___ How Often _____ Location: Top of Head, Forehead, Back of Head, Temple, Behind Eyes

Do you Awake with Dry Mouth? ___Y___N

If Yes, how often? _____

Do you have any loose teeth? ___Y___N