

## TMD/AIRWAY SCREENING REPORT

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Do you have headaches? Yes  No
2. Do you use over the counter pain medication or sleeping aids? Yes  No
3. Do you experience sounds like popping or clicking in the jaw joints? Yes  No
4. Can you get to sleep? Yes  No
5. Can you sleep throughout the night without waking? Yes  No
6. Do you wake rested? Yes  No

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only

### Range Of Motion Measurements

Interincisal Opening (w/o pain) \_\_\_\_\_ mm Interincisal Opening (with pain) \_\_\_\_\_ mm Protrusive \_\_\_\_\_ mm

Lateral Excursion Right \_\_\_\_\_ mm Lateral Excursion Left \_\_\_\_\_ mm

Scalloped Tongue Yes  No

By: \_\_\_\_\_ (Initials) Date \_\_\_\_\_

Normal ranges of motion based on cranial skeletal types are: 42-52 mm maximum opening, 8-12 mm protrusive, and 10-14 mm of lateral movement both right and left <sup>1</sup>

Referral for evaluation with: **TMJ & Sleep Therapy of Centre Conejo Valley 805.496.5700**  
**558 St. Charles Dr. #201 Thousand Oaks, CA 91360**

Requested by: \_\_\_\_\_

Signature: \_\_\_\_\_

Special Instructions \_\_\_\_\_

Please call me before evaluation appointment  Send Report  Call to discuss after evaluation

<sup>1</sup> Duane Grummon work of 500 consecutive asymptomatic orthodontic patients separated by cranial skeletal types. Orthodontics for the TMD/TMD Patient.

<sup>2</sup> Stanley Hoppenfeld, Physical Examination of the Spine and Extremities

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