DENTA4

Form E - TMJ Screening Form

Assistant/Doctor Form | Phone: 1 (604) - 777 - 1337

Patient Name

Date

Systolic Blood Pressure:

Diastolic Blood Pressure:

Epworth Sleepiness Scale:

Neck Circumference Measurement:

Body Mass Index (BMI) Measurement:

Overbite (mm):

Overjet (mm):

Shimbashi :

Form:

To:

mm:

Range of motion

Maximum opening w/out pain (mm):

Maximum opening w/pain (mm):

Right lateral excursion (mm):

Left lateral excursion (mm):

Protrusive (mm):

Opening deflection or deviation (mm): Right

☐ Right ☐ Left

Presence and Presence or Absence of noise on opening and closing

☐ Presence ☐ Absence

Dental Maxillary (mm):

☐ Right ☐ Left

Dental Mandibular (mm):

☐ Right ☐ Left

Skeletal Mandibular (mm):

☐ Right ☐ Left

Right side molar relationship Class

☐ I ☐ II ☐ III

Right side cuspid relationship

☐ I ☐ II ☐ III

Left side molar relationship

☐ I ☐ II ☐ III

Left side cuspid relationship

☐ I ☐ II ☐ III

Intra-oral Occlusal Flags

☐ Abfractions ☐ Anterior incisal wear ☐ Missing teeth ☐ Large amount of dental work

☐ Uneven occlusal plan ☐ Occlusal perio disease ☐ Tori ☐ Broken teeth ☐ Other:

Extra-oral Occlusal Flags

☐ Rolled palms ☐ Uneven shoulders ☐ Uneven eyes ☐ FHP

☐ Head bend ☐ Other:

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Muscle Palpation (and severity rating)

Masseter	Right - ☐ 1 ☐ 2 ☐ 3	Left - ☐ 1 ☐ 2 ☐ 3
Temporalis	Right - ☐ 1 ☐ 2 ☐ 3	Left - ☐ 1 ☐ 2 ☐ 3
Trapezius	Right - ☐ 1 ☐ 2 ☐ 3	Left - ☐ 1 ☐ 2 ☐ 3
Splenius cappitus	Right - ☐ 1 ☐ 2 ☐ 3	Left - ☐ 1 ☐ 2 ☐ 3
Medial pterygoid	Right - ☐ 1 ☐ 2 ☐ 3	Left - ☐ 1 ☐ 2 ☐ 3
Sternocleidomastoid	Right - ☐ 1 ☐ 2 ☐ 3	Left - ☐ 1 ☐ 2 ☐ 3
Digastric	Right - ☐ 1 ☐ 2 ☐ 3	Left - ☐ 1 ☐ 2 ☐ 3

Wall Test

Weak w/habitual occlusion (off wall)

☐ Yes ☐ No

Strong w/tongue blade

☐ Yes ☐ No

Dark Test

☐ Strong ☐ Weak

Light Test

☐ Strong ☐ Weak

Chief Complaints

	Note
☐ Cosmetics	
☐ Tooth pain	
☐ Periodontal pain	
☐ Facial pain	
☐ Jaw pain	
☐ Headaches	
☐ Neck pain	
☐ Inability to sleep	
☐ Exhaustion	
☐ Other:	

Completed by dental assistant while doctor examines patient