

- Do you clench your teeth during the day/night?
- Do you grind your teeth at night? (Ask your family)
- Do you ever awaken with a headache? If so, where do you feel the pain?  
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- Is your jaw painful or stiff when you get up in the morning?
- Do you have [underline one] grinding, clicking or popping sound in either or both jaw joints when you: (circle one below)
  - chew your food?
  - open or close your mouth?
  - Move your jaw side to side?
- Do you have ringing, stuffiness, pressure or blockage in your ears?
- Have you ever had chronic ear aches?
- Do you have difficulty breathing through your nose?
- Do you wear a mouth splint/guard?
- Is it hard to move your jaw from side to side, or forward and backward?
- Do you have difficulty chewing your food?
- Do you have any missing teeth?
- Have you ever had braces?
- Have you ever had a motor vehicle collision? When?
- Have you ever experienced a blow to the chin, face or head? (sports, assault, a fall).

- Do you avoid some foods so as not to trigger pain in your jaw? Which foods?  
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- Do you chew on one side predominately? Right or Left
- Does your jaw deviate to the left or right when you open wide?
- Do you have difficulty opening your jaw to maximum?
- Do you have Scoliosis?
- Have you had major oral surgery or procedures where your mouth has been open for an extended period of time?
- Has your jaw ever locked open or closed?
- Have you ever played a musical instrument?

Brass or woodwind?

What are your goals of this/these treatment(s)?

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