

[ATTACH LABEL]

Patient

Number / DOB

Clinician

Date

Symptom Location

Jaw / facial

Teeth

Head

Ear / tinnitus

Neck

Jaw Activity - difficult / painful

Opening (e.g. yawn, talk)

Chewing / biting

Associated Symptoms

Opening limited (pain / stiff)

Locking / sticking / 'goes out'

Joint sounds

Jaw tightness / tiredness

Change in bite

Contributing Factors

Parafunction (emotional triggers)

Sleep Disturbance

EMS

24 hr (On waking: **teeth** clenched or sore)

Paraesthesia

Anaesthesia

Weakness

Bilateral Symptoms

Gait Disturbance / Dexterity

Headache (pattern)

Dizziness

Hearing

Smell

Dysarthria

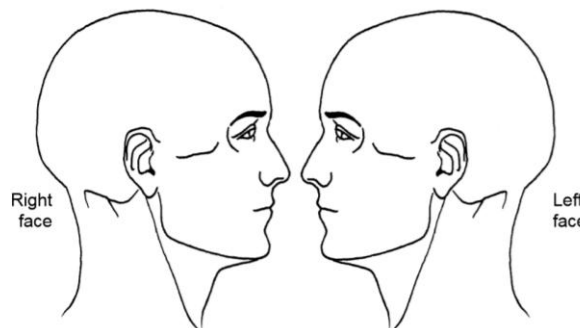
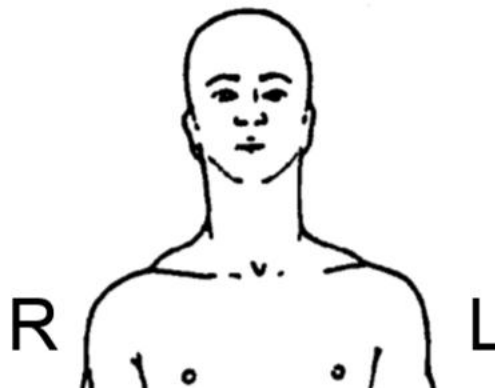
Drop Attacks

Nausea

Vision

Taste

Dysphagia



Clinical History

History of Condition

Current Episode

Trauma / Dental / Surgery / Emotional

Investigations

Treatments (orthotics / medication)

Worsening

Litigation

Previous

Joint sounds

General Health / Medical History

Cancer / Weight loss

Infection / HIV / AIDS

Hepatitis / Jaundice

Major surgery

RA / RF / FM

Heart / Lungs

Diabetes

Epilepsy

Pregnancy

Mood

Sleep disorders

Drug History

Steroids

Anticoagulants

Allergies

Alcohol / drug abuse

Smoking / Caffeine

Social History

Family History

Physical Examination

Observation

Parafunction / Jaw position

Extra-oral Inspection

Asymmetry / Deformity / Swelling / Atrophy

Neurological Tests

Facial Sensation

Other

Intra-oral Inspection

Dentures

Malocclusions

Evidence of parafunction

Hard / soft tissue

ROM

Active

Overpressure

Joint sound

Deviations

Accessory

Local Palpation

Muscles of mastication (Bruxoprovocation Test)

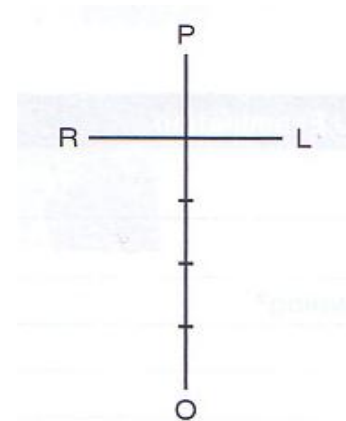
TMJ

Lymph nodes

Temporal arteries

Cervical Spine

Head position



Impression

- What do you **understand is the cause** of your symptoms?
- What are you **expecting will help** you?
- What are **you doing to cope** with your symptoms?
- How are **other people responding** to your symptoms?
- Have you had **time off** work with symptoms?
- Has your **social life** been restricted due to symptoms?
- Life **stress, mood, anxiety**?

Management Plan

Further Investigation

Treatment

Review

Signature of Clinician