

Name \_\_\_\_\_  
Age \_\_\_\_\_ Date \_\_\_\_\_

## HEAD/NECK SCREENING

To allow us to better serve you, kindly answer the following questions. Thank you.

**I.** Do you have: Neck pain? \_\_\_\_\_ Jaw pain? \_\_\_\_\_ Ear pain? \_\_\_\_\_ Facial pain? \_\_\_\_\_  
IF YOU ANSWERED NO TO **ALL** OF THESE, PROCEED TO III.

**II.** How long have you had this pain? \_\_\_\_\_ . Is the pain constant? \_\_\_\_\_

Would you describe the pain as: aching \_\_\_\_\_ burning \_\_\_\_\_ stabbing \_\_\_\_\_  
Other \_\_\_\_\_.

Is the pain worse in the: morning \_\_\_\_\_ afternoon \_\_\_\_\_ neither \_\_\_\_\_ .

What makes the pain worse? \_\_\_\_\_

What makes the pain better? \_\_\_\_\_

Have you ever injured or sustained any form of trauma, including auto accidents, to your:

Jaw \_\_\_\_\_ Head \_\_\_\_\_ Neck \_\_\_\_\_

Do you have pain which you associate with this? \_\_\_\_\_

Which side hurts: Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_

**III.** Does it hurt to chew? \_\_\_\_\_ Open wide? \_\_\_\_\_

Does your jaw make a popping noise? \_\_\_\_\_ clicking? \_\_\_\_\_

grinding? \_\_\_\_\_ Other types of noise? \_\_\_\_\_ .

Has your jaw ever "locked"? \_\_\_\_\_ Has it ever slipped out of place? \_\_\_\_\_ .

Did this happen in the "open position"? \_\_\_\_\_ "closed position"? \_\_\_\_\_ .

Do you ever clench or grind your teeth? \_\_\_\_\_

During the day? \_\_\_\_\_ At night? \_\_\_\_\_

Do you have problems with your ears? \_\_\_\_\_

Dizziness? \_\_\_\_\_ Hearing? \_\_\_\_\_ Other? \_\_\_\_\_ . Is it difficult to swallow? \_\_\_\_\_

Painful? \_\_\_\_\_ Are your teeth sore or sensitive? \_\_\_\_\_

Have you had any prior treatment for this problem? \_\_\_\_\_ Splint? \_\_\_\_\_

Night guard? \_\_\_\_\_ Grinding of your teeth by a dentist? \_\_\_\_\_ Orthodontics? \_\_\_\_\_

Describe the problem in your own words: \_\_\_\_\_

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