

John A. Basil, D.D.S.
The Basil Center for Complete Dental Care
1703 Commerce St. Wellsburg, WV
304-737-3050

TMJ (Jaw Joint) History

Patient: _____ **Date:** _____

- History of clicking or popping near the ear? Y N**
- Headaches (Temporal) upon awakening? Y N**
- Chewing muscles sore upon awakening? Y N**
- History of joint pain during chewing? Y N**
- Yawning or opening wide ever cause pain? Y N**
- Jaw ever get stuck open or locked for a moment? Y N**
- Ever feel teeth didn't meet in a comfortable place? Y N**
- History of blow or other trauma to the head or neck? Y N**
- Dentist ever spent one or more visits doing overall Precision Bite Adjustment? Y N**
- History of TMJ pain? Y N**
- History of night grinding? Y N**
- History of clenching? Y N**
- Jaw muscles tire while eating/ talking? Y N**
- History of Arthritis? Y N**
- Any prior treatment for TMJ problems? Y N**
- Ever had limitation in opening? Y N**

Note: If you answer yes to any questions on this form, please complete the head, neck, and jaw joint questionnaire.