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Periodontics

Implant Dentistry

T.M.J./Facial Pain

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TMJ/FACIAL PAIN INFORMATION

DATE: _____ NAME: _____
 NATURE OF PAIN/PROBLEM: _____
 DATE OF ONSET: _____ AREA OF ONSET: _____
 DID SYMPTOMS FOLLOW ANY PHYSICAL INJURY OR EMOTIONAL OCCURRENCE?

PLEASE LIST THE SPECIALISTS YOU HAVE SEEN FOR YOUR PAIN/PROBLEM, WITH NAMES, PHONE NUMBERS, DATES AND TREATMENTS RECEIVED	
PHYSICIAN	
PSYCHIATRIST	
NEUROLOGIST	
PSYCHOLOGIST	
OSTEOPATH	
CHIROPRACTOR	
EAR, NOSE, THROAT	
PHYSICAL THERAPIST	
DENTIST	
OTHER	

LIST MEDICATIONS YOU ARE CURRENTLY TAKING FOR YOUR CONDITION:

LIST MEDICATIONS YOU HAVE PREVIOUSLY TAKEN FOR YOUR CONDITION:

WHICH PREVIOUS TREATMENT WAS MOST SUCCESSFUL?

IS THERE ANYTHING YOU ARE AWARE OF THAT AGGRAVATES YOUR CONDITION?

IS THERE ANYTHING THAT HELPS RELIEVE YOUR PAIN?

DOES YOUR PAIN INTERFERE WITH YOUR ROUTINE OR OTHER ACTIVITIES?

HAVE	HAD	NEVER		HAVE	HAD	NEVER	
			TROUBLE SLEEPING				NERVOUS DISORDERS
			TRANQUILIZERS				RECENT SURGERY
			WHIPLASH INJURY				DEPRESSION
			TENSION HEADACHE				MIGRAINE HEADACHES
			PAINFUL JAWS				DIFFICULT SWALLOWING
			SORE FACE OR NECK				TOLD YOU GRIND TEETH
			STIFF NECK MUSCLES				AWARE OF GRINDING
			AWARE OF CLENCHING				POPPING JAWS
			CAN'T OPEN WIDE				MORNING STIFF JAW
			MORNING SORE TEETH				TEMPORAL ARTERITIS

MUSCLE EXAMINATION:

TENDERNESS TO PALPATION [scale: 1(mild) to 3(severe)]

- () Temporalis: () Anterior R _____ L _____
- () Mid R _____ L _____
- () Post R _____ L _____
- () Int. Pterygoid R _____ L _____
- () Masseter R _____ L _____
- () Coronoid R _____ L _____
- () Trapezius R _____ L _____
- () SCM R _____ L _____
- () Post. Cervicals R _____ L _____
- () Anterior Neck R _____ L _____

TMJ EXAMINATION:

PAIN BY PROVOCATION [scale: 1(mild) to 3(severe)]

- () Lateral to capsule R _____ L _____
- () Loading (R) R _____ L _____
- () Loading (L) R _____ L _____
- () Manipulation R _____ L _____

MANDIBULAR INCISAL OPENING PATTERN

Without Pain _____ mm
 With Pain _____ mm
 After Spray _____ mm
 Lateral Excursions R _____ mm L _____ mm
 Deflection R _____ L _____
 Deviation R _____ L _____

DYSFUNCTION

- (R) Clicking: Opening _____ mm Closing _____ mm Chewing _____ mm
- (L) Clicking: Opening _____ mm Closing _____ mm Chewing _____ mm
- (R) Locking
- (L) Locking
- (R) Crepitation
- (L) Crepitation
- (R) % Translation _____ Subluxation
- (L) % Translation _____ Subluxation

OCCUSAL EXAMINATION:

Angle Class: R _____ L _____ Division _____
 Lateral Function: Group _____ Cuspid Rise _____
 Interferences: CR-CO _____ mm Working _____ Balancing _____
 Overjet _____ mm Overbite _____ mm
 Periodontal Status: _____
 Remarks: _____

