

SCREENING FORM

For Patients with Head, Neck and Facial Pain
& Sleep-Related Breathing Disorders/Apnea

Primary headaches or migraines

Snoring/Sleep Apnea

Disturbed, restless sleeping

CPAP Intolerance

Daytime drowsiness

Attention deficit in children

Earaches, stuffiness or ringing

Neck, shoulder, back pain or stiffness

Dizziness

Pain or soreness in TM joints

Clicking or grating sounds in TM joints

Limited mouth opening

Locking jaw (opened or closed)

Facial or undiagnosed teeth pain

Difficulty swallowing

When your patients experience one or more of these symptoms, they should have a thorough evaluation by a dentist trained in TM and Sleep. We will be happy to assist you in diagnosis and treatment for possible Craniomandibular, Temporomandibular or Sleep-Related Breathing Disorders/Apnea.

Patient Information

Name: _____

Address: _____

Phone: _____

Email: _____

Referred by:

Name: _____

Phone: _____

Date: _____ Fax: _____

Exam 2nd Opinion Send Report Call Me



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Instructions:

Mail or Fax a copy to
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