

SERENITY DENTAL CARE
Muscle & Joint History

Date: _____

Patient Name: _____

Date of Birth: _____

Joint History

Yes

No

1. Have you ever been diagnosed with a problem with either Jaw joint? Explain?

2. Does your joint click, pop or make a noise when you open and close your mouth?

3. Do you have pain or tenderness in either joint when you open, close, or chew?

4. Has your jaw ever locked in an open or closed position?

5. Do you have frequent headaches? If so, how often?

6. Do you clench or grind your teeth?
Have you ever been told you do this?

7. Do you have a history of trauma to your chin or Jaw?

