

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 Craniofacial Pain (TMJ, headaches, facial pain) and Sleep-related breathing disorders (sleep apnea, snoring). We will be happy to assist you in diagnosis and non-surgical treatment options for your patients with these disorders.

Patient Information

Name: _____

Address: _____

Phone: _____

Email: _____

Referred by:

Name: _____

Phone: _____

Date: _____ Fax: _____

Exam 2nd Opinion Send Report Call Me



TMJ & Sleep Therapy Centre of South Shore

Alison Freeman, DMD

714 Bedford Street,
Abington, MA 02351
Tel. (781) 650-8001
Fax. (781) 878-0248

TMJandSleep@BeyondDentalHealth.com
www.BeyondTMJandSleep.com

Instructions

Email, Mail or Fax a copy to TMJ & Sleep
Therapy Centre of South Shore