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MUSCULOSKELETAL – OCCLUSAL SYMPTOMS EXAM FORM

Name: _____ Date: _____ Age: _____

SYMPTOMS:

1. Headaches
2. TMJ Pain
3. TMJ Noise
4. Limited Opening
5. Ear Congestion
6. Vertigo (Dizziness)
7. Tinnitus (Ringing in ear)
8. Dysphagia (swallowing difficulty)
9. Loose Teeth
10. Clenching/Bruxing
11. Facial Pain (non-specific)
12. Tender, Sensitive Teeth
13. Difficulty Chewing
14. Cervical Pain
15. Postural Problems
16. Tingling of Fingertips
17. Thermal Sensitivity (Hot/Cold)
18. Trigeminal Neuralgia
19. Bell's Palsy
20. Nervousness/Insomnia