

Dr. Richard T. Stone, DDS, PC

**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