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 Cleveland

Kristina Wolf, MS, DMD
DABDSM

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Email or Mail a copy to TMJ & Sleep Therapy Centre of Cleveland

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