

<b>TMD Evaluation Sheet</b>	<b>Patient Name:</b> <b>Date of Birth:</b> <b>Evaluation Date:</b> <b>Dentist's Name:</b>
<b>Range of motion</b> <b>(normal = 48-52 interincisal)</b>	
<b>Popping/clicking of the TM joints? Unilateral or bilateral? Able to capture with anterior positioning?</b>	
<b>Chief Complaint (pain in the TMJ, muscle pain, headache, clicking, catching, locking, etc.) What is bothering the patient <u>the most</u>?</b>	
<b>Onset: when did the chief complaint start? Did something happen? How long has it bothered them?</b>	
<b>Palliate or Provoke: what makes the pain/problem better? What makes the pain/problem worse?</b>	
<b>Quality: what is the quality of the pain? Sharp, stabbing, throbbing, electrical, dull, etc.</b>	
<b>Region: pointing with one finger, where is the pain/problem the worst?</b>	
<b>Scale: if 0 is no pain and 10 is being burned alive, what is your average pain level? What is the pain at its worst? What is the pain at its best?</b>	
<b>Timing: is the pain/problem worse in the morning? Evening? While sleeping? When eating? Random?</b>	
<b>Tentative Diagnosis:</b>	
<b>Other notes/Plan:</b>	