

## SCREENING FORM

For Patients with Head, Neck and Facial Pain  
& Sleep Disordered Breathing/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 TMD and Air Way Dysfunction. We will be happy to assist you in diagnosis and treatment for possible Craniofacial Pain, TMD or Air Way Dysfunction.

### Patient Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

### Referred by:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Fax: \_\_\_\_\_

Exam  2nd Opinion  Send Report  Call Me



ERB WEST DENTAL

Providing

JAW JOINT  
AIR WAY  
SOLUTIONS

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### Instructions:

1. E-mail to: [jjaws@rogers.com](mailto:jjaws@rogers.com)
2. Fax to: (519)-954-0058
3. Give a copy to the patient
4. Keep a copy for your files