

Alpha Omega Dental Center Symptoms Screening Form

Name: _____ Age _____ Sex _____ Date _____

Please Circle any of the Following Symptoms you may have:

HEAD/FACE

1. Forehead pain
2. Temporal pain
3. Tension headaches
4. Migraine headaches
5. Sinus headaches
6. Back of head headaches
7. Hair scalp tender to touch

EAR

1. Ear pain without infection
2. Decreased hearing
3. Clogged, itchy or stuffy
4. Ringing, buzzing
5. Dizziness
6. Balance problems

THROAT

1. Swelling difficulties
2. Feeling of foreign object in throat
3. Sore throat without infection
4. Voice changes
5. Laryngitis
6. Frequent coughing or clearing

JAW

1. Jaw Pain
2. Jaw joint pain
3. Clicking/popping jaw joint
4. Grating sound in jaw joint
5. Pain in cheek muscles
6. Uncontrollable jaw movements
7. Jaw locks open/shut
8. Moves to one side on opening or closing

NASAL

1. Sinus Pain
2. Sinus Problems
3. Post Nasal Drainage
4. Allergies

SLEEP

1. Tired during the day
2. Hard time waking up
3. Snoring light loud
4. Restless leg syndrome
5. Sleep Apnea mild mod severe
6. CPAP - tried use

NECK

1. Lack of mobility
2. Stiffness
3. Neck Pain
4. Tired/sore neck muscles
5. Shoulder pain
6. Back pain: middle, lower
7. Arm/finger pain/numbness

MOUTH

1. Limited opening
2. Bad Bite
3. Missing teeth
4. Excessive mouth breathing
5. Clench or grind teeth
6. Mouth discomfort
7. Inability to find "bite"