Novi Sleep & TMJ
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Sleep Apnea • TMJ Disorders • Facial Pain

PATIENT INFORMATION

Patient: _____
Last First M.I.

Date of Birth: _____ ☐ Male ☐ Female

Phone: _____

Referring Doctor: _____ Date: _____

SIGNS & SYMPTOMS

- ☐ Earaches, Fullness or Ringing in Ears
- ☐ Clicking or Grating Sounds in TMJ
- ☐ Pain or Soreness in TMJ
- ☐ Dizziness/Vertigo
- ☐ Other: _____
- ☐ Locked Jaw
- ☐ Headaches
- ☐ Limited Mouth Opening
- ☐ Teeth Grinding
- ☐ Snoring
- ☐ Witnessed Gasping
- ☐ CPAP Intolerance

SLEEP APNEA/SNORING

☐ Evaluate for Oral Appliance Therapy (OAT)

Has patient had a Sleep Study? ☐ YES ☐ NO
Has patient tried CPAP therapy? ☐ YES ☐ NO

Comments/Special Concerns: _____

Please forward any X-Rays, Sleep Studies, Images, and/or Notes

THANK YOU FOR YOUR REFERRAL!