

## 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 TM and Sleep. We will be happy to assist you in diagnosis and treatment for possible Craniomandibular, Temporomandibular or Sleep-Related Breathing Disorders/Apnea.

### PATIENT INFORMATION

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

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

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

Email: \_\_\_\_\_

### REFERRED BY:

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

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

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

\_\_\_ Exam \_\_\_ 2nd Opinion

# TMJ & SLEEP THERAPY

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