

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

Patient Information :

Name: _____

Address: _____

Email: _____

Phone: _____

Referred by:

Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

☐ Exam ☐ 2nd Opinion ☐ Send Report ☐ Call Me



TMJ & Sleep Therapy Centre of Raleigh-Durham

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Instructions:

1. Mail or fax a copy to:
TMJ & Sleep Therapy Centre
2. Give a copy to the patient
3. Keep a copy for your files