

## 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: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Exam  2<sup>nd</sup> 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