



Pediatric TMD & Airway Screening Reference

Please select as indicated:

TMD Signs & Symptoms

- ☐ Headaches
- ☐ Jaw pain
- ☐ Ear pain / ear infections
- ☐ Difficulty opening the mouth
- ☐ Difficulty chewing, swallowing, speaking
- ☐ Narrow jaws / crowded teeth
- ☐ Deep bite / retruded lower jaw

Airway Signs & Symptoms

- ☐ Snoring / mouth breathing
- ☐ Stops breathing for 10 seconds or more and wakes gasping
- ☐ Difficulty waking up even though they slept long enough
- ☐ Restless sleep / daytime fatigue
- ☐ Sweats heavily during sleep
- ☐ Bed wetting
- ☐ ADHD
- ☐ Morning headaches
- ☐ Tooth grinding

If your patient is experiencing one or more of these symptoms, we would be happy to assist you in the diagnosis and treatment of conditions that may be related to dentofacial orthopedic development.

Patient Information

Name _____

Parent / Guardian _____

Date of Birth _____

Address _____

Phone _____

Referred by

Your Name _____

Signature _____

Date _____

Instructions

- | | |
|---|--|
| <input type="checkbox"/> Second Opinion | <input type="checkbox"/> Send a report |
| <input type="checkbox"/> Examine | <input type="checkbox"/> Call me |

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