

# Symptoms

Please mark the symptoms that you have had or are currently experiencing.

Location: Left (L) Right (R) or Both Sides (B)

## Head Pain

- Front of the head (frontal)
- Entire head (generalized)
- Top of the head (parietal)
- Back of the head (occipital)
- Temples (temporal)
- Facial

## Jaw Related Conditions

Pain when:

- Opening
- Closing
- While chewing
- Side to side movement
- At rest

- Jaw pops
- Jaw clicks
- Jaw shifts to the left or right when opening or closing
- Jaw has locked open or closed
- Inability to move the jaw left or right

## Ear Related Conditions

- Buzzing/Ringing in the ears
- Congestion/stuffiness
- Dizziness
- Hearing loss
- Itching in the ears
- Pain deep inside the ear
- Pain in front or behind the ear

## Eye Related

- Blurred or double vision
- Lacrimation (excessive water)
- Pain in or behind the eyes

## Dental Related Conditions

- Pain in upper or lower teeth
- Clench or grind teeth
- Broken teeth

# Symptom Tracker

What is your main concern?

What are the chief complaints for which you are seeking treatment?

When did your symptoms first appear?

What makes your symptoms feel worse?

What helps your symptoms feel better?