

# Neuromuscular Referral Form

Patients Name: \_\_\_\_\_, \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Address: \_\_\_\_\_, City \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any contributory medical findings: Yes / No      Cranio-Cervical / Lumbar issues: Yes / No

Neuromuscular Dentistry (NMD) focuses on the relationship between the Temporo-Mandibular Joints (TMJ), the muscles, nerves and boney structures of the head and neck and how this “Stomatognathic” system is affected by the patients’ dental occlusion (“bite”). When jaw joint, muscle, airway and related head and neck problems are associated with a ‘bad bite’, Neuromuscular Dentists refer to it as Cranio-Mandibular Dysfunction (“CMD”) and use a combination of TENS, computerized jaw tracking equipment and a NM orthotic to diagnose and treat bite related disorders. Please check off which the following CMD signs and symptoms your patient is exhibiting:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Headaches (chronic / acute)                  | <input type="checkbox"/> Speech problems                       | <input type="checkbox"/> Loose or missing posterior teeth                    |
| <input type="checkbox"/> Migraines                                    | <input type="checkbox"/> Vertigo                               | <input type="checkbox"/> Facial Pain (non-specific)                          |
| <input type="checkbox"/> Clicking, popping / grating jaw joint sounds | <input type="checkbox"/> Snoring                               | <input type="checkbox"/> Difficulty chewing                                  |
| <input type="checkbox"/> Limited opening                              | <input type="checkbox"/> Loss of vertical dimension            | <input type="checkbox"/> Tooth sensitivity (hot and cold)                    |
| <input type="checkbox"/> Deviations on opening / closing              | <input type="checkbox"/> Cross-bite (anterior / posterior)     | <input type="checkbox"/> Tender, sensitive teeth (percussion)                |
| <input type="checkbox"/> Cranio-cervical pain                         | <input type="checkbox"/> Intra oral anomalies (exostoses etc.) | <input type="checkbox"/> Itchy, plugged ears                                 |
| <input type="checkbox"/> Forward head posture                         | <input type="checkbox"/> Nervousness / Insomnia                | <input type="checkbox"/> Dysphagia (difficulty swallowing)                   |
| <input type="checkbox"/> Sore tired jaw muscles                       | <input type="checkbox"/> Bells Palsy                           | <input type="checkbox"/> Airway patency issues (enlarged tonsils / adenoids) |
| <input type="checkbox"/> Tingling in the thumb or forefingers         | <input type="checkbox"/> Trigeminal Neuralgia                  | <input type="checkbox"/> Sleep apnea (diagnosed / suspected)                 |
| <input type="checkbox"/> Tinnitus                                     | <input type="checkbox"/> Worn, chipped or cracked teeth        | <input type="checkbox"/> Cervical erosion (abfractions)                      |
| <input type="checkbox"/> Facial asymmetry                             | <input type="checkbox"/> Clenching / Bruxing                   | <input type="checkbox"/> Constricted maxilla / High palatal vault            |

Once we have contacted your patient and seen them for a Neuromuscular consultation we will provide you with a written report of our findings and treatment recommendations. Be sure to provide your email address if you would like us to include Diagnostic scans.

Referring Doctors Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

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

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

**Dr. Andrew Willoughby Inc., Practice limited to TMJ Therapy & Neuromuscular Dentistry**

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