

One Week TMD Soft Guard Examination Form

Patient Name:

Date:

TMD Assistant:

How are you doing?

Much better Better Same Worse Much Worse

Patient Comment: “ _____ ”

Were you able to wear the soft guard? Yes No

Why was it difficult to wear the soft guard?

Have your headaches decreased? Yes No

Are you sleeping well? Yes No

What vitamins were you able to take?
 Vitamin C 2000 mg Vitamin E 800-1000 IU

What minerals were you able to take?
 Calcium/Magnesium/Zinc
When did you take them? One with every meal

How much water were you able to drink? Six to eight glasses a day

What type of exercise were you able to do? Aerobic (walking, bicycling, running, swimming)

How long were you able to exercise? One hour each day

Were you able to stay off coffee? Yes

Patient complied with all instructions? Yes No

Patient failed to comply with the following program instructions:

24/7 wear exercise minerals vitamins 8 hours sleep 3 meals
 water coffee elimination

Patient instructed to continue full time wear for one more week. Yes No

Progress to nighttime wear: Yes No

Professionals visited:

MD Generalist Allergist MD ENT MD
 MD Endocrinologist Physical Therapist Massage Therapist
 Chiropractor Sleep MD