MAP - 306 REV (12/95)

TEMPOROMANDIBULAR JOINT (TMJ) ASSESSMENT FORM

PROVIDER NAME & NUMBER____

RECIPIENT NAME & NUMBER____

DATE OF BIRTH____

1. What is the patient's chief complaint?______________________________________

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2. Describe pain associated with chief complaint?_______________________________

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3. What is the duration of the chief complaint?_________________________________

4. What is the history of the underlying chief complaint?__________________________

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5. Has there been any previous treatment for the chief complaint? ( ) YES ( ) NO

   If yes describe:____

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6. Is there pain associated with jaw functions (opening, closing, chewing, etc.) ( ) YES ( ) NO

   Explain:____

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7. How wide can the patient open without pain? __________mm

8. How wide can the patient open maximally? __________mm

9. How far can the patient move the mandible eccentricity? Left __________ mm Right__________mm

10. Are there any TMJ sounds? ( ) YES ( ) NO If yes, at what distance during opening?

    Left __________ mm Right __________ mm

    At what distance during closing? Left __________mm Right __________mm

    Is there pain associated with the joint sounds? ( ) YES ( ) NO

ATTENTION: Procedure D7880 is limited to recipients under the age of 21. Recipient must be Medicaid eligible and under 21 on the date of placing the splint for procedure to be covered. Providers are responsible to verify age and eligibility. NO EXCEPTIONS MADE.