

## Head Pain and Temporomandibular Jaw Examination

REFERRED BY

CHIEF COMPLAINTS


DATE OF ONSET {html\_select\_date start\_year="1910" time=\$hptje\_primary->get\_date\_of\_onset()  
time=\$hptje\_primary->date\_of\_onset prefix="date\_of\_onset\_"}

PRECIPITATING/AGGRAVATING EVENT:

◇ {html\_options selected=\$hptje\_primary->get\_event() options=\$hptje\_primary->event\_array}

Other Explain:

- ☐ get\_prior\_symptoms() eq 1 {checked{/if}}> Denies presence of symptoms prior to accident  
☐ get\_aggravated\_symptoms() eq 1 {checked{/if}}> Affirms aggravation of symptoms after accident

```
[ if
$smartyy.foreach.loops.first
ne 1)
{/if} { $title }

[ foreach item=row
key=row_title
from=$headings]
```

```
{ $row_title }
```

```
{html_checkboxes
name="checks" options=$row
selected=$hptje_primary->checks
separator=""}
{else}
```

```
{html_checkboxes
name="checks" options=$row
selected=$hptje_primary->checks
separator=""
```

```
"} { if $title
eq "Teeth" }
Sore# ☐
Mobile# ☐
Fractured# ☐
Avulsed# ☐
{elseif
$title eq
"Precipitating
Factors" and
$row_title eq
2}
☐
{/if}
```

```
{/if} {/foreach} {/foreach}
```

HISTORY OF PREVIOUS TREATMENT

- A. Specialty  
(A)Anesthesiologist (C) Chiropractor (D) Dentist (E) ENT (F) Family Physician (H) Hospital ER  
(N) Neurologist (O)Orthopedist (P) Physical Therapist (R)Rheumatologist
- Treatment Modalities  
(1)Chiropractic (2)Equilibration (3) Examination (4) Medication (5) MRI (6) Orthodontic (7) Orhtopedic
- B. (8) Pallative (soft diet, heat, etc.) (9) Physical Therapy (10)Prolotherapy  
(11)Reconstruction (12) Referral  
(13) Soft Collar (14) Cervical Immobilization (15) Splint Therapy (16) TMJ Surgery (17) X-rays
- C. Effectiveness of Treatment: (N) None (F) Fair (G)Good (E)Excellent

Doctor	Specialty	TX Rendered	Effectiveness	Date { section name="history" loop=8 start="0" }
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

{/section}

HISTORY OF PREVIOUS ACCIDENTS OR INJURIES

Nature of Accident	Injuries	Date { section name="previous_accidents" loop=8 start="0" }
<input type="text"/>	<input type="text"/>	<input type="text"/>

{/section}

COMMENTS


```
{if $VIEW != true}
  [Don't Save] {/if}
```