

17. Are you now on any medication? ___Yes No___

If yes, what kind and how much? _____

18. Do you know if you clench your teeth? ___Yes No___

19. Has anyone mentioned that you grind your teeth (brux) at night during sleep? ___Yes No___

20. Do you chew gum? Frequently () Infrequently ()
 Moderately () Never ()

21. Please list chronologically, names and types of doctors and their locations, whom you have seen in the past for this or related problems. Write on back of this sheet if necessary.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

22. Please write in any other pertinent information that has not been covered previously. Write on back of this sheet if necessary.

23. Are you in litigation or are you planning litigation? ___Yes No___

If so explain _____

Date _____

Patient's Signature _____