

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 sheet if necessary.

23. Are you in litigation or planning litigation? Yes____ No____

If so explain _____

Date _____ Patient's signature _____