

# 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