



Oral-Maxillofacial & Implant Specialists

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ORTHOGNATHIC HISTORY, SIGNS, AND SYMPTOMS**

Orthognathic surgery is treatment for a medical condition. Your medical insurance plan may provide coverage for orthognathic surgery. Your surgical treatment plan and clinical records can be presented by us to your carrier in order to determine benefit coverage and medical necessity. Part of establishing medical necessity is to present details about how your jaws affect various activities in your life.

Please indicate on this questionnaire what you think applies to you. The surgical treatment coordinator will discuss these items with you during your visit.

Thank You!

**EATING**

**Food:**

- cuts/ tears food into small pieces
- avoids crunchy foods
- prefers softer foods

**Chewing:**

predominate side for chewing

- right       left

Estimate how many teeth come together when chewing

- right       left

**Swallowing:**

- painful (bolus) swallowing
- drinks liquid with bite to ease swallowing
- choking episodes
- near choking episodes

**Digestion:**

upset stomach after meals

How often:  daily       4-5 week       2-3 week       2-3 month       4-5 month

**Medication:**

- none       OTC       Tums       Roloids       other
- prescription       Prevacid       Nexium       Pepcid

**BITING**

- difficult to bite with front teeth
- unable to bite with front teeth
- painful when biting
- bites cheek tissue
- bites tongue
- places food farther back in mouth
- sometimes gulps food
- foods escape mouth when chewing
- chews some foods a longer time
- jaws become tired when eating
- jaws become sore when eating

**CLENCHING**

- during the day
- during the night
- have night guard
- had night guard

**DURING SLEEP**

- Are you a restless sleeper?
- Do you suspect you may have sleep apnea?
- Have you been diagnosed with sleep apnea?
- Have you ever had a sleep study?
- Do you snore?

**ON AWAKENING**

- fine, no problems
- stiff, tired, sore
- painful
- dry mouth
- sore throat
- gingival bleeding when brushing
- headaches: how often?  1-2 week  3-4 week  >4 week
- medication for headaches: Y N If yes, what? \_\_\_\_\_

**DURING THE DAY**

**Headaches:**

- headaches during the day How often?  1-2 week  3-4 week  >4 week
- Medication:  Yes  No If yes, what? \_\_\_\_\_



**Congestion:**

\_\_\_ have/ had nasal congestion  
\_\_\_ infrequently \_\_\_ occasionally \_\_\_ frequently \_\_\_ almost all the time  
\_\_\_ had/ have sinus infections  
\_\_\_ mouth breather most of the time

**Talking:**

**TMJ Joints:**

\_\_\_ jaws tire when talking  
\_\_\_ difficulty pronouncing some words or phrases  
\_\_\_ some lisping  
\_\_\_ sometime others ask me to repeat due to difficulty understanding some words or phrases

\_\_\_ popping or clicking  
\_\_\_ sometimes locks, open or closed  
\_\_\_ difficult to find comfortable position

**FAMILY**

\_\_\_ My jaws are like someone in my family. Who? \_\_\_\_\_

**HISTORY OF SYMPTOMS AND TREATMENT**

Length of time in orthodontic treatment?  
\_\_\_\_\_

Seen a physician for any of the above symptoms? If yes, when? \_\_\_\_\_

When did the above symptoms begin? \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_