

TMJ & Sleep Therapy Centre of Calgary

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SCREENING FORM

For Patients with Head, Neck and Facial Pain
& Sleep-Related Breathing Disorders/Apnea
Primary headaches or migraines
Snoring/Sleep Apnea
☐ Disturbed, restless sleeping
CPAP Intolerance
Daytime drowsiness
Attention deficit in children
Earaches, stuffiness or ringing
Neck, shoulder, back pain or stiffness
Dizziness
Pain or soreness in TM joints
Clicking or grating sounds in TM joints
Limited mouth opening
Locking jaw (opened or closed)
Facial or undiagnosed teeth pain
Difficulty swallowing
When your patients experience one or more of these symptoms,
they should have a thorough evaluation by a Dentist trained in
Craniofacial Pain (TMJ, headaches, facial pain) and Sleep-
related breathing disorders (sleep apnea, snoring). We will be
happy to assist you in diagnosis and non-surgical treatment
options for your patients with these disorders.

Patient Information	
Name:	
	Email:
Insurance Information	
Primary	Secondary
Policy Holder:	
DOB of Insured:	
Insurance Co.:	
Group/Plan#:	
ID/Certificate:	
Referred by:	
Name:	Phone:
Date:	Email:
Notes:	
Consultation Full Exam	nination (90 mins) CBCT Scan Only
Motor Vehicle Accident	Other: