



Patient Referral Form

TMJ & Sleep Therapy Centre
of London

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One or more of these symptoms indicate that a patient needs a thorough evaluation by a dentist trained in TMD and Sleep Therapy. We will be happy to assist you in the diagnosis and treatment for possible Craniomandibular, Temporomandibular or Sleep Disordered Breathing/Apnoea.

Patient Information:

Name: _____

Address: _____

Phone: _____

Referred by:

Name: _____

Signature: _____

Date: _____

- Exam
- 2nd Opinion
- Call Me

Screening Form:

For Patients with Head, Neck and Facial Pain & Sleep Disordered Breathing/Apnoea.

- Primary headaches or migraines
- Earaches, stuffiness or ringing
- Neck, shoulder, back pain or stiffness
- Dizziness
- Pain behind the eyes
- Pain or soreness in TM joints
- Clicking or grating sounds in TM joints
- Limited mouth opening
- Locking jaw (opened or closed)
- Facial or teeth pain
- Difficulty swallowing
- Difficulty sleeping
- Daytime drowsiness
- Disturbed, restless sleeping
- Requires sleeping aids

Instructions:

1. Mail or E-mail a copy to: info@londonsleepcentre.com
2. Give a copy to the patient
3. Keep a copy for your records

BREATHE SLEEP HEAL LIVE