

Age : _____ years old Sex : M F

Maximal bite force measured : _____ N

Maximal bite force measured : _____ N

Patient's dentition

	No edentation	Partial edentation	Anterior	Posterior	Complete edentation without implants	Complete edentation with implants	Implants quantity
Top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ __ imp.
Bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ __ imp.

Occlusion classification : Class 1 Class 2 Class 3

Bruxism TMJ

Orthodontics Occlusal splints

Additional information (if available)

	Never 1	← 2	→ 3	4	Frequently 5
Tooth failure / repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraines / headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATM, face, tooth pain...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks : _____

