

Referring Clinician: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Clinician Permission to Contact Patient Directly Y/N

Patient Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## HRUSKA CLINIC DENTAL INTEGRATION TRIAGE FORM

**\*\*Once we have this information we will determine best course of action and contact you and the patient to schedule.**

Why are you referring this patient? (include top symptoms and what makes you question dental integration):

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

What is their habitual pattern?

\_\_\_\_ AIC (Left or Bilateral)

\_\_\_\_ BC (Right or Bilateral)

\_\_\_\_ TMCC

\_\_\_\_ PEC

\_\_\_\_ PRI Tests that are pathologic: \_\_\_\_\_

Can you get the patient neutral at the Right BC and Right TMCC? (Y/N) \_\_\_\_\_

If yes, under what conditions?

\_\_\_\_ Manual Techniques

\_\_\_\_ Non-Manual Techniques

\_\_\_\_ Closing Eye(s) or Patching

\_\_\_\_ Dental Integration (popsicle stick, mouth-guard etc.)

\_\_\_\_ Using lenses (plus power, prisms etc.)

How long can they maintain it? \_\_\_\_\_

Current Footwear: \_\_\_\_\_

Orthotics? (Y/N) \_\_\_\_\_ Where were they made? \_\_\_\_\_

History of significant ankle/foot issues (Y/N) \_\_\_\_\_ Describe them: \_\_\_\_\_

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

Previous surgeries? (Y/N) \_\_\_\_\_ If yes, please specify. \_\_\_\_\_

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

Circle All that apply to your patient:

Concussions

Cervical Injuries, whiplash, etc.

Neck Pain Headaches

Migraines

Dizziness or Vertigo

Snoring

Mouth Breathing

Clenching/ Grinding

Sleep Apnea

Prior Orthodontia

Jaw pain/clicking

Ringing in ears

Tongue Thrust/issues

Do they have a current oral appliance? (Y/N) \_\_\_\_\_ When is it used? \_\_\_\_ Night \_\_\_\_ Day

Is it a: \_\_\_\_ MMOO (gelb-like) \_\_\_\_ Maxillary

\_\_\_\_ MOOO or Flat plane mandibular \_\_\_\_ ALF

\_\_\_\_ other (specify): \_\_\_\_\_

What circumstances makes the symptoms worse? \_\_\_\_\_

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

Are there any new symptoms or symptoms that are getting worse as you have intervened with this patient?

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

Anything else we should know? \_\_\_\_\_

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