

TODAY'S

DATE _____

PATIENT NAME/DOB _____

PARENT'S NAME/PHONE _____

SIGNS - CHECK ALL THAT APPLY

Lips apart at rest (open-mouth posture)	Hx of speech therapy
Mouth breathing	Hx of feeding therapy
Drooling	Parafunctional habits: nail-biting, digit sucking...
Tongue thrust	Dark circles/bags under the eyes
Tongue- or lip-tie	Arrested growth
History of tongue-tie treatment	Swollen adenoids and tonsils
Scalloped tongue	Tonsils/adenoids removed
High narrow palate	History of tubes placed
Crusty/dry/chapped lips	Facial asymmetry
Long/narrow face	Gummy smile
Flattened cheeks	Worn/chipped teeth
Retruded maxilla	History of orthodontic tx/expansion
Weak chin (retruded lower jaw)	Crowded/crooked baby teeth
Underbite, cross-bite or open-bite	Crowded/crooked adult teeth
Difficulty breathing through nose	Sleep apnea diagnosis - past or present

SYMPTOMS - CHECK ALL THAT APPLY

Difficulties breastfeeding (historical/current)	Language Delays, Speech Difficulties
Dysphagia	Frequent headaches
Snoring	Frequent nightmares
Tooth grinding	Prolonged bed-wetting
Persistent coughs, colds, chest/ear infections	Restless sleep
Chronic allergies	Nightly awakenings
Chronic nasal congestion	Child behavioral disorders
Fatigue upon awakening or during the day	Aggressive behavior
Asthma symptoms	Irritability
Poor academic performance	ADD/ADHD dx or like behavior

NOTES & COMMENTS _____

