



Adult Assessment

Form Please answer the questions below to the best of your knowledge. This form will provide a basis for my exam and allow me to focus on the specific symptoms you experience. A thorough exam of all your symptoms will be conducted on the day of the consultation.

- 1) Have you ever had a thumb or finger sucking habit?
- 2) Have you ever had allergies or food sensitivities?
- 3) Do you notice that occasionally your mouth is open at rest?
- 4) Have you ever had troubles with speech or been in a speech therapy program?
- 5) Has anyone ever told you that you may be tongue-tied?
- 6) Did you have difficulties feeding as an infant (that you're aware of)?
- 7) Have you experienced any issues with digestion? (stomach aches, burping, gas, acid reflux, etc)
- 8) Do you notice that you have a hyper-active gag reflex?
- 9) Do you have difficulty swallowing pills?
- 10) Does it ever feel difficult to breathe and eat or chew food at the same time?
- 11) Have you experienced any breathing issues or difficulties? (chronic congestion, asthma, seasonal allergies, etc.)
- 12) Have you had your tonsils removed, or have you been told your tonsils are enlarged?
- 13) Do you notice that you tend to breathe through your mouth more often than your nose?

Generally, if any of these questions can be answered "yes", you are likely to have some myofunctional concerns. If you can answer "yes" to multiple questions, myofunctional therapy will be recommended. Please print and bring this form with you to our consultation. Thank you very much for taking the time!