

DATE \_\_\_\_\_  
 PATIENT NAME/DOB \_\_\_\_\_  
 BEST PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SIGNS - CHECK ALL THAT APPLY**

Lips apart at rest (open-mouth posture)	Hx of speech therapy - current or past
Mouth breathing	Hx of sinus/nasal surgery
Difficulty breathing through nose	Parafunctional habits: ie nail-biting
Tongue thrust	Dark circles/bags under the eyes
Tongue- or lip-tie	Tonsils/adenoids removed
History of tongue-tie treatment	History of ear tubes placed as a child
Scalloped tongue	Facial asymmetry
High narrow palate	Gummy smile
Crusty/dry/chapped lips	Worn/chipped teeth
Long/narrow face	History of orthodontic tx/expansion
Flattened cheeks	History of adult teeth removed for orthodontics
Retruded maxilla	Crowded/crooked adult teeth
Weak chin (retruded lower jaw)	Sleep apnea diagnosis - past or present
Underbite, cross-bite or open-bite	UARS/heightened sympathetic distress

**SYMPTOMS - CHECK ALL THAT APPLY**

Difficulty swallowing	Night sweats
Snoring	Frequent headaches
Tooth grinding	Frequent nightmares
Inability to wear a nightguard	Nightly awakenings
Persistent coughs, colds, chest/ear infections	Restless sleep
Chronic allergies	Aggressive behavior
Chronic nasal congestion	Irritability
Fatigue upon awakening or during the day	Depression/Anxiety
Unexplained fatigue (negative sleep study)	ADD/ADHD
Asthma symptoms	TMD
CPAP intolerant	Failed MAD (oral appliance therapy)

**NOTES & COMMENTS** \_\_\_\_\_  
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