ALLEN DENTAL

Parent/Guardian 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 your child displays. A thorough exam of all your child's symptoms will be conducted on the day of the consultation.

1)__Has your child ever had a thumb or finger sucking habit?

2)__Has your child ever had allergies or food sensitivities?

3)__Do you notice that your child occasionally has his/her mouth open at rest?

4)__Has your child ever had troubles with speech, or been in a speech therapy program?

5)__Has anyone ever told you that your child may be tongue-tied?

6)__Did your child have any difficulties feeding as an infant?

7)__Has your child experienced any issues with digestion? (stomach aches, burping, gas, acid reflux, etc)

8)__Do you notice that your child has a hyper-active gag reflex?

9)__Does your child have difficulty swallowing pills?

10)__Does it seem like your child is a messier eater than other kids? (chews with mouth open, drinks and chews at same time etc.)

11)__Has your child experienced any breathing issues or difficulties? (chronic congestion, asthma, etc.)

12)__Has your child had their tonsils removed, or have you been told the tonsils are enlarged?

13)__Do you notice that your child tends to breathe through his/her mouth more often than their nose?

Generally, if any of these questions can be answered "yes", your child is 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!