Alisha Suhr, RDH, OMT.
1026 Woodbury Ave.
Council Bluffs, IA. 51503
712-847-8151

Patient: _____ Age: _____
Phone: _____ Email: _____
Parent/Guardian: _____
Referring Doctor: _____
Phone: _____ Email: _____

Reason for Referral: _____

Orofacial Myofunctional Disorder

- ☐ MOUTH BREATHING VS. NASAL BREATHING
- ☐ OPEN MOUTH POSTURE
- ☐ TONGUE THRUST – ANTERIOR
- ☐ BI-LATERAL TONGUE THRUST
- ☐ TONGUE TIE
- ☐ LIP TIE
- ☐ ATYPICAL SWALLOWING
- ☐ HABITS
- ☐ CHEWING DISORDERS
- ☐ FACIAL MUSCLE DYSFUNCTION
- ☐ HYPOTONIC MASSETERS
- ☐ SPEECH MISARTICULATIONS (LISPS)
- ☐ TONSILS/ADENOIDS
- ☐ TMJD
- ☐ SLEEP DISORDERS/SLEEP APNEA
- ☐ BRUXISM/CLENCHING
- ☐ FORWARD HEAD POSTURE / POSTURE
- ☐ LOW TONGUE REST POSTURE
- ☐ SNORING
- ☐ MALOCCLUSIONS
- ☐ CAVITIES AND GUM DISEASE
- ☐ CHANGES IN SALIVA QUANTITY AND QUALITY
- ☐ RESTRICTED MAXILLA / HIGH PALATE
- ☐ TONGUE SCALLOPING
- ☐ CRANIOFACIAL DYSFUNCTIONS
- ☐ ALLERGIC SHINERS / VENOUS POOLING
- ☐ EUSTACHIAN TUBES DYSFUNCTIONS
- ☐ ESTHETIC CHANGES
- ☐ MACROGLOSSIA
- ☐ ABNORMAL BREATHING
- ☐ TINNITUS
- ☐ INFANT FEEDING PROBLEM

SLEEP TEST AVAILABLE: ☐ Yes ☐ No

IMAGING AVAILABLE: ☐ Yes ☐ No

Notes:_____
_____
_____

Signed: _____ **Date:** _____