

Don’t just Go through it…

**GROW** through it!

***Many things can wait. Children cannot. Today their bones are being formed, their blood is being made, their senses are being developed. To them we cannot say “tomorrow”. Their name is today.***

*-Gabriela Mistral*

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for appt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dental**

Crowded teeth - ⃝ Upper ⃝ Lower

Spaces between teeth- ⃝ Upper ⃝ Lower

Crossbite- Right Left Anterior

Broken/decayed- ⃝ Upper \_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ Lower\_\_\_\_\_\_\_\_\_\_\_\_\_

Missing- ⃝ Upper \_\_\_\_\_\_\_\_\_\_ ⃝ Lower\_\_\_\_\_\_\_\_\_\_\_\_\_

Developmental stage ⃝ Early ⃝ Primary ⃝ Mixed ⃝ Permanent

**Muscular**

Restrictive lingual frenum- ⃝ Structural ⃝ Functional

Tender floor of mouth- Right(0-3)\_\_\_\_\_\_\_\_\_\_\_ Left(0-3)\_\_\_\_\_\_\_\_\_\_\_

Restrictive labial frenulae - ⃝ Upper ⃝ Lower

Restrictive buccal frenulae- ⃝ Upper ⃝ Lower

Tongue posturing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jaw tracking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tender buccinator fascia (0-3)\_\_\_\_\_\_\_\_\_\_\_

**Airway**

Compromise of nasal patency- ⃝ Right ⃝ Left

Tonsil grade- Right (0-3)\_\_\_\_\_\_\_\_\_\_\_ Left (0-3)\_\_\_\_\_\_\_\_\_\_\_

Mallampati - (0-4) \_\_\_\_\_\_\_\_\_\_\_

History of Snoring/OSA ⃝Yes ⃝ No ⃝In the past ⃝Occasionally

Swallowing issues ⃝Yes ⃝ No ⃝In the past ⃝Occasionally

Speech issues ⃝Yes ⃝ No ⃝In the past ⃝Occasionally

Poor sleep quality ⃝Yes ⃝ No ⃝In the past ⃝Occasionally

**Neuro**

Headaches ⃝Yes ⃝ No ⃝In the past ⃝Occasionally

Learning disorder ⃝Yes ⃝ No ⃝In the past ⃝\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Movement Disorder ⃝Yes ⃝ No ⃝In the past ⃝\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant adverse childhood events (ACE) ⃝Yes ⃝ No ⃝\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Betwetting/potty training issues? ⃝Yes ⃝ No ⃝In the past ⃝\_\_\_\_\_\_\_\_\_\_\_

Is child being seen by PT/OT/SPT? IF so, for how long?

**Skeletal**

⃝ Underbite (Class 3)

⃝ Overbite (Class 2)

⃝ Deep bite

⃝ Posterior crossbite functional or skeletal

⃝ Forward Head Posture

⃝ Shoulder rolling/slouching

⃝ Facial asymmetry

⃝ High palate

**Systemic**

⃝ Food sensitivities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ Picky eater

⃝ Digestive challenges

⃝ Other conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications and supplements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**