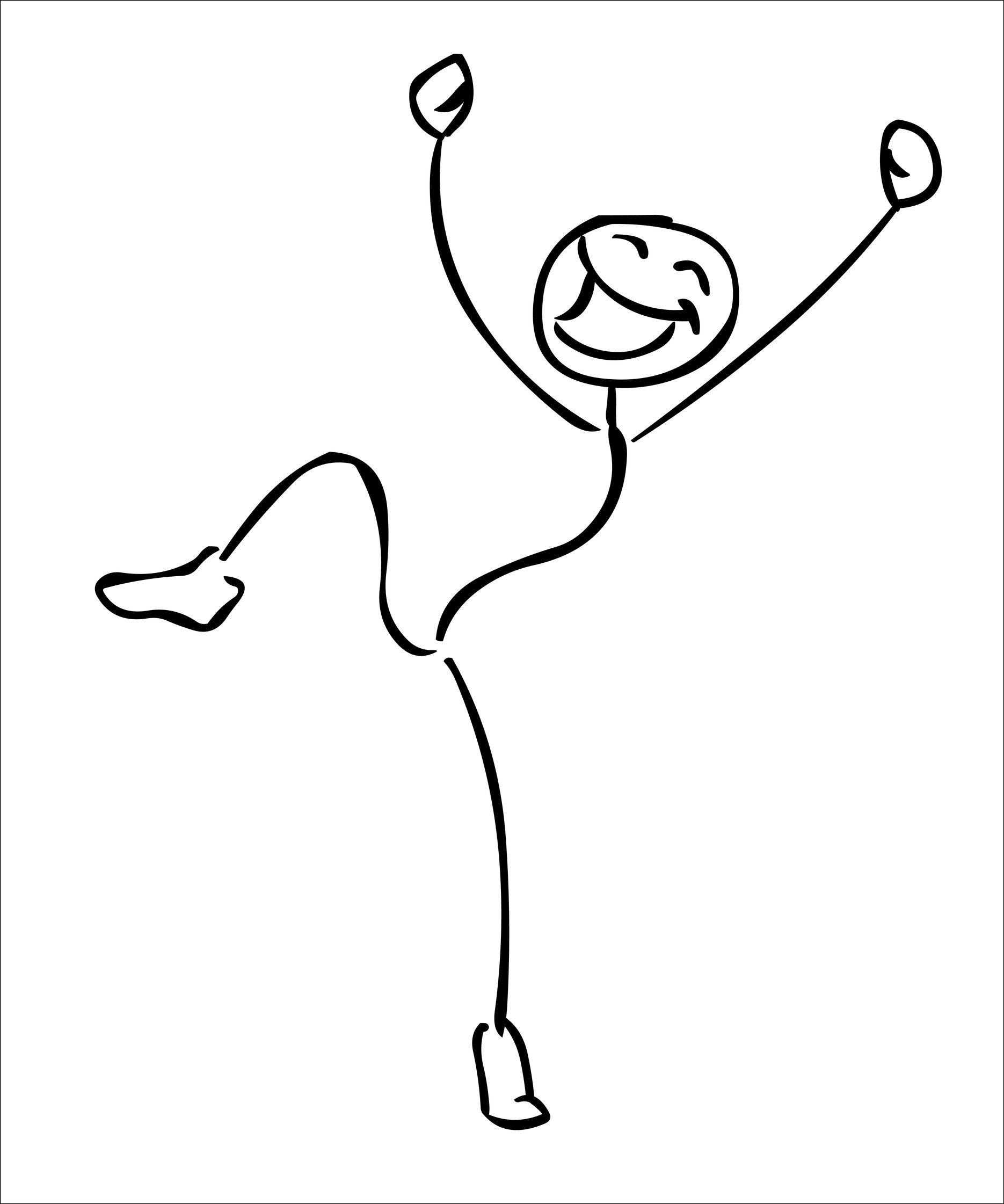


**

**Y N**

⃝ ⃝ Do you have any sore teeth?

⃝ ⃝ Is your appliance broken?

⃝ ⃝ Does your bite feel uneven?

⃝ ⃝ Does your appliance feel loose?

⃝ ⃝ Is your jaw joint sore or making noise?

⃝ ⃝ Does your face or head feel sore?

⃝ ⃝ Does your neck hurt?

⃝ ⃝ Does anywhere in your body feel sore? Where? (Please draw on diagram above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ ⃝ Are you snoring?

⃝ ⃝ Has it been difficult to do your PLAY exercises lately?

⃝ ⃝ Have you been wearing your appliances as directed?

**I have noticed improvements in my…**

⃝ Athletic ability

⃝ Sleeping

⃝ Growth

⃝ Breathing

⃝ Ability to stay calm and focused

⃝ Posture

⃝ Uncontrollable movements

⃝ Speech

**+ -**

⃝ ⃝ Right leg strength reflex test

⃝ ⃝ Left leg strength reflex test

⃝ ⃝ Right two finger test

⃝ ⃝ Left two finger test

⃝ ⃝ Home care

⃝ ⃝ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_