

# AFFINITY MYO, LLC

## MYO ASSESSMENT

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\_\_\_ HAVE YOU EVER HAD A THUMB SUCKING HABIT?

\_\_\_ HAVE YOU EVER HAD ALLERGIES OR FOOD SENSITIVITIES?

\_\_\_ DO YOU NOTICE THAT OCCASIONALLY YOUR MOUTH IS OPEN AT REST?

\_\_\_ HAVE YOU EVER HAD TROUBLE WITH SPEECH OR BEEN IN A SPEECH THERAPY PROGRAM?

\_\_\_ HAS ANYONE EVER TOLD YOU THAT YOU MAY BE TONGUE TIED?

\_\_\_ DO YOU CLENCH OR GRIND YOUR TEETH?

\_\_\_ HAVE YOU BEEN TOLD YOU SNORE WHILE SLEEPING? DO YOU HAVE SLEEP APNEA?

\_\_\_ DO YOU NOTICE THAT YOU TEND TO BREATHE THROUGH YOUR MOUTH MORE THAN YOUR NOSE?

\_\_\_ HAVE YOU EVER HAD YOUR TONSILS REMOVED, OR HAVE YOU BEEN TOLD THEY ARE ENLARGED?

\_\_\_ HAVE YOU EXPERIENCED ANY BREATHING ISSUES OR BREATHING DIFFICULTIES?

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\*\* Generally, if any of these questions can be answered "yes", you are likely to have some myofunctional concerns. If you can answer "yes" to multiple questions, myofunctional therapy will be recommended.



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MYOFUNCTIONAL  
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