

AFFINITY MYO, LLC

MYO ASSESSMENT

___ 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?

** 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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