



Adult Assessment Form

*Please answer the questions below to the best of your knowledge. This form will provide a basis for my exam and allow me to focus on the specific symptoms you experience. A thorough exam of all your symptoms will be completed on day of consultation.

- 1) ___ Have you ever had a thumb or finger sucking habit?
- 2) ___ Have you ever had allergies or food sensitivities?
- 3) ___ Do you notice that occasionally your mouth is open at rest?
- 4) ___ Have you ever had trouble with speech or been in a speech therapy program?
- 5) ___ Has anyone ever told you that you may be tongue-tied?
- 6) ___ Did you have difficulties feeding as an infant?
- 7) ___ Have you experienced any issues with digestion? (Stomach aches, burping, gas, acid reflux, etc.)
- 8) ___ Do you notice that you have a hyper-active gag reflex?
- 9) ___ Do you have difficulty swallowing pills?
- 10) ___ Does it ever feel difficult to breathe and eat or chew foods at the same time?
- 11) ___ Have you experienced any breathing issues or difficulties? (Chronic congestion, asthma, seasonal allergies, etc.)
- 12) ___ Have you ever had your tonsils removed, or have you been told your tonsils are enlarged?
- 13) ___ Do you notice that you tend to breathe through your mouth more often than your nose?

** 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.

Please print or email back to Melanie prior to consultation
affinitymyo@gmail.com