

Just Breathe

SARAH FOWLER, RDH
MYOFUNCTIONAL THERAPIST

Adult Assessment Form

Please answer to the best of your knowledge. Generally, if any of these questions can be answered “yes,” you are likely to have some myofunctional impairment. If you answered “yes” to many of these questions, you should consider scheduling a comprehensive myofunctional exam so that you can gain a thorough understanding of your symptoms. Myofunctional impairment and suggested therapies are only fully understood after a full examination to determine your needs and best therapy approach.

1. ___ Were you bottle fed?
2. ___ Did you suffer from latching issues, colic, acid reflux, “spitting up” a lot, feeding troubles, ear infections or “failure to thrive” as an infant?
3. ___ Have you had your tonsils removed or have you been told your tonsils are enlarged?
4. ___ Do you notice that your mouth is open at rest (even occasionally)?
5. ___ Do you breathe through your mouth?
6. ___ Have you experienced any breathing issues or difficulties? (chronic congestion, asthma, seasonal allergies)
7. ___ Do you take medications to help “manage” the breathing problems but never seem to find the root cause?
8. ___ Have you had (or has it been recommended to have) nasal surgery for: deviated septum, polyps, turbinate reduction or any other condition?
9. ___ Does your tongue rest anywhere other than entirely on the roof of your mouth?
10. ___ Has anyone ever told you that you have a tongue thrust?
11. ___ Have you experienced any issues with digestion? (stomach aches, burping, gas, acid reflux, etc.)
12. ___ Do you notice that you have a hyperactive gag reflex? Texture sensitivity?
13. ___ Do you have difficulty swallowing pills?
14. ___ Does it ever feel difficult to breathe and chew food at the same time?

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15. ____ Did you suck your thumb/finger/blanket or other object or have a pacifier for an extended period when you were young?
16. ____ Have you ever had braces and experienced a relapse in treatment?
17. ____ Have you ever had palatal expansion, teeth extracted to “make room” or headgear?
18. ____ Has anyone ever told you that you may be tongue-tied?
19. ____ Have you ever had trouble with speech or been in a speech therapy program?
20. ____ Do you suffer from chronic headaches, neck and shoulder tension, TMJ pain/tension?
21. ____ Do you clench and grind your teeth?
22. ____ Do you snore?
23. ____ Do you wake still feeling tired? Do you suffer from general fatigue and never feeling rested?
24. ____ Have you had a sleep study done or been diagnosed with sleep apnea or UARS?
25. ____ Do you have a forward head posture?