



CHILD

Please answer yes or no to the following questions. Generally, if any of these questions can be answered “yes”, your child is likely to have some myofunctional concerns. If you can answer “yes” to multiple questions, myofunctional therapy will most likely be recommended. A thorough exam of all your child’s symptoms will be conducted on the day of the full exam.

Do you notice that your child occasionally has their mouth open at rest?

Do you notice that your child sleeps with his or her mouth open?

Did your child have any difficulties feeding as an infant?

Has anyone ever told you that your child may be tongue tied?

Does your child snore or grind their teeth?

Has your child ever had a thumb or finger sucking habit?

Are you noticing that your child’s teeth are erupting crooked?

Has your child ever had troubles with speech, or been in a speech therapy program?

Has your child experienced any issues with digestion? (stomach aches, burping, gas, or acid reflux)

Do you notice that your child has a hyper-active gag reflex?

Does your child have difficulty swallowing pills?

Does it seem like your child is a messy eater? (chews with mouth open, drinks and chews at the same time)

Has your child experienced any breathing issues or difficulties? (chronic congestion, asthma, seasonal allergies)

Has your child had their tonsils removed, or have you been told the tonsils are enlarged?

Please contact me for an evaluation at www.myomatters.com

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