myo matters

Reaching beyond your smile for better health

Patient's Name: _____Age:_____

Parents Names:_____

Referred By:_____

Phone:_____ Email:_____

Myofunctional Concern:

Mouth Breathing Open Mouth Posture Low Tongue Posture Tongue Thrust Oral Habit

Myofunctional Symptom:

Tongue Tie Open Bite Narrow Palate History of Oral Habit Large Tonsils Snoring

Daytime Sleepiness Ortho relapse Teeth Grinding/Clenching Headaches

Facial Pain/Tension Other:_____

Myo Matters Team

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