



## ADULT

Please answer Yes or No to the following screening questions. Generally, if any of these questions can be answered “yes”, you are likely to have some myofunctional concern. If you can answer “yes” to multiple questions, myofunctional therapy is most likely recommended. This form can be used as a basis for an exam and allow me to focus on any specific symptoms you are experiencing.

Do you notice that occasionally your mouth is open at rest?

Has anyone ever mentioned that you snore?

Do you feel fatigue after a night of rest?

Do you believe you sleep with your mouth open?

Do you wake up with a dry mouth or drool on your pillow?

Has anyone ever told you that you may be tongue-tied?

Did you need braces as a child or palatal expander with orthodontics?

Have you ever had a thumb or finger sucking habit?

Have you experienced any issues with digestion? ( Stomach aches, burping, gas, acid reflux, ect)

Do you notice you have a hyper-active gag reflex?

Do you have difficulty swallowing pills?

Do you notice you eat with your mouth open?

Have you experienced any breathing issues or difficulties? ( chronic congestion, asthma, seasonal allergies, ect)

Have you had your tonsils removed, or have you been told that they are large?

Do you experience chronic headaches or facial pain?

Have you been diagnosed with TMJ?

Do you experience neck and shoulder tension?

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