

Discovery Checklist

Please check any/all that apply

Name:

Date:

DOB:

Infancy/Early Childhood

- Difficulty nursing or used a nipple shield
 - Bottle-fed more than 50% of the time
 - Trouble with (or medicated for) reflux
 - Colic symptoms or crying a lot, and unhappy
 - Spit up often
 - Gassy
 - Messy feeding
 - Chronic congestion
 - Gagging/choking/coughing when eating
 - Noisy / mouth breathing
 - Multiple ear infections
 - Tubes placed
 - Difficulty transitioning to solid foods
 - Other:
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Airway / Breathing Concerns

- Asthma / other breathing condition
 - Allergies
 - Dry, chapped lips
 - Chronic congestion
 - Deviated septum
 - Nasal surgery
 - Tonsils or adenoids removed
 - Tonsils enlarged
 - Mouth breathing _____%
 - Nasal breathing _____%
 - Trouble catching breath
 - Over breathing / sighing
 - Other:
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Oral Resting Posture

- Full tongue rests on roof of mouth
 - Tongue rests in floor of mouth
 - Tongue pushes on teeth
 - In-between resting tongue
 - Open mouth posture _____%
 - Lips sealed
 - Lips parted
 - Lips unable to close
 - Other:
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Digestive / Eating Behaviors

- Frequent digestive issues
- Reflux: unmedicated
- Reflux: medicated
- Bloating

- Burping
 - Hiccupping
 - Gas
 - Constipation
 - Slow eating
 - Rapid eating behaviors
 - Tongue thrusts forward during swallowing
 - Back of the tongue doesn't lift during swallowing
 - Difficulty with breathing while eating
 - Open mouth chewing
 - Use of liquids to swallow
 - Difficulty swallowing pills
 - Strong gag reflex
 - Picky with textures
 - Choking
 - Prefer soft / easy to chew foods
 - Other:
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Tongue-Tie History

- Lingual frenectomy as a baby
 - Family members with tongue-ties
 - Tongue-tie previously diagnosed
 - Labial / buccal tie suspected
 - Previous frenectomy? When?
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Sucking/ Toxic Oral Habits

- Thumb / finger sucking
 - Prolonged pacifier use
 - Other habit:
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Dental

- Large spaces
 - Tipped teeth
 - Current ortho
 - Ortho relapse
 - Cervical headgear
 - Expansion needed
 - Previous expansion
 - High, narrow palate
 - Dental crowding
 - Permanent teeth extracted
 - Using an oral appliance:
 - Tongue crib or past habit corrector
 - Past jaw surgery
 - Recommended jaw surgery
 - Other:
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Speech

- History of speech therapy
- Trouble with certain sounds
- Difficulty speaking fast
- Speech delay
- Stuttering / mumbling
- Trouble projecting voice

Head / Neck / Tension (Adults)

- Frequent headaches
 - Jaw / facial pain / tension
 - TMJ treatment past
 - TMJ treatment current
 - Clenching / grinding
 - Neck tension / pain
 - Shoulder tension
 - Forward head posture
 - Other:
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Sleep

- Occasional snoring
 - Frequent, snoring / loud breathing
 - Sleep in strange positions
 - Wakes easily or often
 - Prolonged bed wetting
 - Wakes tired and not refreshed
 - Restless sleeping
 - Tooth grinding / clenching
 - Grinding appliance
 - Sleeps with mouth open
 - Sleep apnea test taken / suggested
 - Previous sleep disordered breathing diagnosed
 - Fatigue / daytime drowsiness
 - Snoring appliance
 - Frequent urination
 - Night terrors
 - Night sweats
 - Wakes with headache
 - Other:
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Behavior Challenges

- Sensory processing
 - Oppositional defiance
 - Hyperactivity / Inattention
 - Other:
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Medical Conditions / Prescriptions