



Patient Name: _____

Birthdate: _____ Phone: _____

- Primary Headaches or Migraines
 - Orthodontic Issues
 - Crooked Teeth
 - Neck, back, shoulder pain or stiffness
 - Pain or soreness in TM Joints
 - Clicking/popping/grating sounds in TM Joints
 - Limited mouth opening
 - Locking Jaw (open or closed)
 - Facial or undiagnosed tooth pain
 - Snoring/Sleep Apnea
 - Disturbed, restless sleep
 - Earaches, stuffiness or ringing
 - Dizziness
- Tongue Tie
 - Lip Tie
 - Difficulty Breastfeeding
 - Difficulty Swallowing
 - Feeding Issues
 - Speech Issues
 - Mouth Breathing
 - ADD/ADHD in children
 - Reflux
 - Strong gag reflex

Comments: _____

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