



Myofunctional Therapy

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NAME:

AGE:

REFERRING DR:

DATE:

REASON FOR REFERRAL:

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Airway/Sleep

- Mouth breathing
- Snoring
- Restless sleep
- Open-mouth sleeping
- Daytime fatigue / poor sleep quality
- Suspected airway concerns

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Tongue/Oral function

- Low or forward tongue posture
- Tongue thrust
- Difficulty with tongue elevation
- Suspected tongue restriction
- Difficulty maintaining tongue-to-palate posture
- Chewing/swallowing concerns

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Habits/Development

- Thumb/finger sucking
- Pacifier use
- Nail biting
- Other oral habit: _____

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Dental/Orthodontic

- Crowding
- Open bite
- Relapse after orthodontic treatment
- Narrow palate / arch concerns
- Orthodontic preparation
- Orthodontic retention concerns

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Lips/Facial Muscle Function

- Lip incompetence
- Difficulty maintaining lip seal
- Excessive mentalis activity
- Facial muscle tension
- Abnormal oral resting posture

Scan to schedule a consultation!



WHEN SHOULD I REFER FOR OROFACIAL MYOFUNCTIONAL THERAPY?

Consider a myofunctional evaluation when oral posture, breathing, swallowing, or facial muscle patterns may be contributing to a patient's concerns.

COMMON REFERRAL INDICATORS

RESTING POSTURE

- Open-mouth posture
- Lips apart at rest
- Low/forward tongue posture
- Difficulty maintaining nasal breathing

TONGUE FUNCTION

- Tongue thrust
- Difficulty elevating the tongue
- Suspected tongue restriction
- Compensatory tongue movements

SLEEP & BREATHING

- Chronic mouth breathing
- Snoring
- Restless sleep
- Sleep-related breathing concerns

DENTAL / ORTHODONTIC

- Crowding or malocclusion
- Open bite
- Orthodontic relapse
- Functional concerns before or during orthodontic treatment

FUNCTION

- Difficulty chewing
- Swallowing concerns
- Messy eating
- Difficulty coordinating oral movements

ORAL HABITS

- Thumb/finger sucking
- Prolonged pacifier use
- Nail biting
- Other persistent oral habits

REFER WITH CONFIDENCE



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In-person & HIPAA-compliant virtual therapy available