



MY



Sunny Helms - RDH, OMT



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"Make every breath count"



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7285 GA-16 Suite F, Senoia, GA 30276

Date:

Date of Birth:

Patient:

Referring Doctor:

E-mail:

Phone:

Please Circle All That Apply For Consult

Mouth Breathing

Low Resting Tongue Posture

Snoring

Sleep Apnea/Disordered Breathing

Frequent Headaches

Tongue Thrust/Tongue Habit

TMJ Pain/Dysfunction

Clenching/Grinding

Head, Neck, Back Pain

Poor Posture

Chronic Fatigue

Sinus Congestion/Drainage

OTHER: _____