



**Lesia Corn, OMT**

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Patient \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Referred By \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

☐ Mouth Breathing

☐ Open Mouth Posture

☐ Tongue Thrust-Anterior

☐ Bi-Lateral Tongue Thrust

☐ Tongue Tie

☐ Lip Tie

☐ Atypical Swallowing

☐ Habits

☐ Chewing Disorders

☐ Facial Muscle Dysfunction

☐ Hypotonic Masseters

☐ Speech Misarticulations

☐ Tonsils/Adenoids

☐ TMJD

☐ Sleep Disorders/Apnea

☐ Bruxism/Clenching

☐ Low Tongue Rest Posture

☐ Snoring

☐ Malocclusions

☐ Cavities/Gum Disease

☐ Changes in Saliva Quantity and Quality

☐ Restricted Maxilla/High Palate

☐ Tongue Scalloping

☐ Craniofacial Dysfunctions

☐ Esthetic Changes

☐ Allergic Shiners/Venous Pooling

☐ Eustachian Tube Dysfunctions

☐ Macroglossia

☐ Abnormal Breathing

☐ Tinnitus

☐ Infant Breathing Problems

☐ Forward Head Posture/Posture

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