

CASE HISTORY



Name: _____ Date: _____
Age: _____ DOB: _____
Parents: _____ School, GR: _____
Phone: H _____ C _____ W _____
Referral Source: _____ Orthodontist: _____
Physician: _____ Dentist: _____

Feeding:

Nurse (how long) _____ Bottle Supplementation _____ y _____ n
Bottle (how long) _____
Infant feeding difficulties (describe) _____

Present Eating Habits:

Neatness _____ Noisy _____
Problem Foods _____
Rate of Eating _____ fast _____ slow _____ normal _____
Large Bites _____ Small Bites _____ Normal Bites _____
After eating, any issues with: _____

Upper Respiratory Disturbances:

Mouth Breather _____ No _____ Day _____ Night _____ Both _____
Bronchitis _____ Frequent Colds _____
Allergies _____ Sore Throat/Strep _____
Ear Infections _____
Sinusitis _____
Snoring _____
Hospitalizations _____

Motor and Speech Development

Age crawling	within expectation	early	late
Walking	within expectation	early	late
First words	within expectation	early	late

Languages exposed to _____
Family hx of speech or myo _____
Who first noticed and when _____
What are present concerns and expectations? _____

Oral Habits:

	Current	Past
Thumb	_____	_____
Finger	_____	_____
Pacifier	_____	_____
Nail Biting	_____	_____
Lip Biting, Licking, Sucking	_____	_____
Tongue Sucking	_____	_____
Cheek/Object Chewing	_____	_____
Sippy Cup	_____	_____
Other	_____	_____

Pattern of Behavior: (describe what, where, when, etc)