

Pittsburgh Orofacial Myofunctional Therapy, LLC



Book Online:

<https://intakeq.com/booking/whvp84>

Contact Us:

info@pghomt.com

(412) 407-2668

Date: _____

Patient Name: _____

Referring Provider: _____

Provider's Phone Number: _____

Please evaluate:

- Thumb/digit sucking, pacifier, nail biting or other oral habit
- Mouth breathing, open mouth rest posture, and/or lip incompetence
- Atypical chewing or swallowing pattern (e.g., tongue thrust)
- TMJ dysfunction
- Tongue or lip tie
- Drooling
- Infant feeding (breast and/or bottle)
- Jaw instability
- Orthodontic relapse
- Other

Additional Comments: _____

Thank you for your referral!