Andrea Imhoff, RDH
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Overland Park, KS 66224
(913) 232-3848
www.thespotmyokc.com
thespotmyokc@gmail.com

NAME _____ DATE _____

AGE _____ REFERRED BY _____

PHONE _____

REASON FOR MYOFUNCTIONAL REFERRAL

- ◯ MOUTH BREATHING
- ◯ TONGUE/LIP TIE
- ◯ SLEEP ISSUES
- ◯ SNORING
- ◯ LOW TONGUE POSTURE
- ◯ TMJ PAIN
- ◯ HABIT ELIMINATION (NAIL BITING, THUMB SUCKING, ETC)
- ◯ CLENCHING/GRINDING
- ◯ HEAD/NECK/BACK PAIN
- ◯ MALOCCLUSION
- ◯ DENTAL CROWDING
- ◯ TONGUE THRUST

OTHER: _____
_____
_____