



Green Mountain

myofunctional therapy

Date: _____

Patient Name: _____ DOB: _____

Address: _____

Phone: _____

Referring Doctor: _____

You have been identified as someone who may be able to improve your overall health by addressing the proper function of the muscles, tongue, and airway. I am recommending that you seek consultation and potential therapy with a Myofunctional Therapist (OMT).

Considerations;

- | | |
|--|---|
| <input type="checkbox"/> Suspected tongue-tie | <input type="checkbox"/> Low resting tongue posture |
| <input type="checkbox"/> Difficulty with general/functional tests | <input type="checkbox"/> Open mouth resting posture |
| <input type="checkbox"/> History of previous frenectomy | <input type="checkbox"/> Tongue thrust / Trouble swallowing |
| <input type="checkbox"/> Family members with tongue-tie | <input type="checkbox"/> Speech concerns |
| <input type="checkbox"/> "Pulling" from the floor of mouth or neck | <input type="checkbox"/> Chronic head and neck tension |
| <input type="checkbox"/> Digestive concerns | <input type="checkbox"/> Difficulty nursing as infant / Acid reflux / Colic |
| <input type="checkbox"/> Mouth breathing | <input type="checkbox"/> Chronic congestion |
| <input type="checkbox"/> Snoring / Sleep Apnea | <input type="checkbox"/> Other: _____ |

Following is the information for an OMT, whom we recommend you contact for a complete myofunctional evaluation. A free 30-minute consultation is available, and all appointments are completed via convenient online video conferencing.

Green Mountain Myofunctional Therapy
Brenda Mangan, OMT, RDH
Phone: 802-343-8330
www.greenmtnmyo.com
brenda@greenmtnmyo.com