



RACHEL BARNHART
D.D.S.

2190 Larkspur Lane
Suite 100
Redding, CA 96002

(530) 222-1400 (office)
(530) 222-1484 (fax)

office@rachelbarnhartdds.com
rachelbarnhartdds.com

Airway/TMJ Referral Form

Patient Name: _____ **DOB:** _____ **Age:** _____

Parent/Guardian's Name(s): _____

Phone: _____ **Email:** _____

Referring Provider: _____ **Phone:** _____

Email: _____ **Chief Concern:** _____

- | | |
|---|---|
| <input type="checkbox"/> 1. MOUTH BREATHING VS. NASAL BREATHING | <input type="checkbox"/> 17. LOW TONGUE REST POSTURE |
| <input type="checkbox"/> 2. OPEN MOUTH POSTURE | <input type="checkbox"/> 18. SNORING |
| <input type="checkbox"/> 3. TONGUE THRUST – ANTERIOR | <input type="checkbox"/> 19. MALOCCLUSIONS |
| <input type="checkbox"/> 4. BI-LATERAL TONGUE THRUST | <input type="checkbox"/> 20. CAVITIES AND GUM DISEASE |
| <input type="checkbox"/> 5. TONGUE TIE | <input type="checkbox"/> 21. CHANGES IN SALIVA QUANTITY & QUALITY |
| <input type="checkbox"/> 6. LIP TIE | <input type="checkbox"/> 22. RESTRICTED MAXILLA / HIGH PALATE |
| <input type="checkbox"/> 7. ATYPICAL SWALLOWING | <input type="checkbox"/> 23. TONGUE SCALLOPING |
| <input type="checkbox"/> 8. HABITS | <input type="checkbox"/> 24. CRANIOFACIAL DYSFUNCTIONS |
| <input type="checkbox"/> 9. CHEWING DISORDERS | <input type="checkbox"/> 25. ALLERGIC SHINERS / VENOUS POOLING |
| <input type="checkbox"/> 10. FACIAL MUSCLE DYSFUNCTION | <input type="checkbox"/> 26. EUSTACHIAN TUBES DYSFUNCTIONS |
| <input type="checkbox"/> 11. HYPOTONIC MASSETERS | <input type="checkbox"/> 27. ESTHETIC CHANGES |
| <input type="checkbox"/> 12. SPEECH MISARTICULATIONS (LISPS) | <input type="checkbox"/> 28. MACROGLOSSIA |
| <input type="checkbox"/> 13. TONSILS / ADENOIDS | <input type="checkbox"/> 29. ABNORMAL BREATHING |
| <input type="checkbox"/> 14. TMJD | <input type="checkbox"/> 30. TINNITUS |
| <input type="checkbox"/> 15. SLEEP DISORDERS / SLEEP APNEA | <input type="checkbox"/> 31. INFANT FEEDING PROBLEMS |
| <input type="checkbox"/> 16. BRUXISM/CLENCHING | <input type="checkbox"/> 32. FORWARD HEAD POSTURE / POSTURE |

Notes: _____

© AOMT. All Rights Reserved. Reproduction requires the permission of the AOMT. This prescription pad is not intended to diagnose conditions outside the user's professional scope of practice, rather its purpose is to assess signs and symptoms of conditions between various interdisciplinary team members working together to treat conditions above which may also be known as Orofacial Myofunctional Disorders (OMDs)