BREATHEWORKS

Orofacial Myofunctional Therapy
Manual Therapy
Speech-Language Therapy

Referral

Patient Name:

Date of Birth:

Phone Number:

Referring Provider:

Tx Plan:

Other:

Signs and Symptoms:

- ☐ Mouth breathing
- ☐ Tongue dysfunction
- ☐ Ankyloglossia
- ☐ Speech/Language
- ☐ Swallowing issues
- ☐ Voice
- ☐ Strong gag reflex
- ☐ Malocclusion
- ☐ Picky Eating
- ☐ Allergies/Asthma
- ☐ Sleep dysfunction
- ☐ Digestion issues
- ☐ Gross/fine motor
- ☐ Posture
- ☐ Noxious oral habits
- ☐ Headaches
- ☐ Anxious
- ☐ Poor posture
- ☐ Attention/ADHD
- ☐ TMJD
- ☐ _____
- ☐ _____
- ☐ _____

Talk - Eat - Drink - Sleep - Breathe Better - Feel Better

www.breatheworks.com

Locations: Virtual, Portland, Lake Oswego, Eugene, Bend, Camas, Bend
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