



Long Island Center for Speech
& Myofunctional Therapy
1-844-5-SPEECH
LIspeech.com

Date: _____
Patient Name: _____ DOB: _____
CA: _____
Referring Doctor/Dentist: _____

- **Speech** - Clarity of speech is negatively impacted by distortion or misarticulations (e.g.: interdental placement or lateralization of (s,z,sh,ch,j,t,d,n,l,r)). Can you see their tongue when they are speaking with the exception of /th/?
- **Tongue** - When patient swallows, can you see his/her tongue pushing on/or against the dentition thus resulting in a malocclusion?
- **Occlusion** - patient present with a malocclusion including but not limited to over jet, open bite. Etc.
- **Posture** - At first glance do you notice an open mouth posture and/or when parting lips that the tongue is sitting forward?
- **Other** - _____

_____ **Stony Brook**
213 Hallock Rd, Ste 6
_____ **Commack**
283 Commack Road, Ste 303
_____ **Farmingville**
2410 N. Ocean Ave, Ste 202
_____ **East Yaphank**
1500 William Floyd Pkwy, Ste 302

_____ **Jericho**
500 N. Broadway, Ste 141
_____ **Wantagh**
3375 Park Ave, Ste 4010
_____ **Lake Success**
444 Lakeville Road, Ste 202