

## Intraoral/Chakra 5 Intake Form

### Mouth, Neck & Throat

Please place X next to "Yes" response. More room is given at the bottom of the page for further expression.

- \_\_\_\_\_ Do you have a latex allergy?
- \_\_\_\_\_ Do you have a history of illness of the mouth/throat?
- \_\_\_\_\_ Are you having a current complaint of the mouth/throat?
- \_\_\_\_\_ Are you being treated for medically/dentally diagnosable conditions?

Have you had:

- \_\_\_\_\_ repair of a congenital (birth) defect
- \_\_\_\_\_ your tonsils/adenoids removed
- \_\_\_\_\_ surgeries of the mouth, neck or throat
- \_\_\_\_\_ a lot of dental work
- \_\_\_\_\_ teeth extracted
- \_\_\_\_\_ braces
- \_\_\_\_\_ injuries to the neck
- \_\_\_\_\_ physical abuse of the mouth/throat
- \_\_\_\_\_ sexual abuse of the mouth/throat

How easy is it to (1 is easy, 5 is hard):

- \_\_\_\_\_ swallow
- \_\_\_\_\_ chew
- \_\_\_\_\_ speak
- \_\_\_\_\_ inhale
- \_\_\_\_\_ exhale
- \_\_\_\_\_ turn your neck

Why are you here today?