

We at Stratford Dental have the motto, “*Because We Care.*” We take pride in being able to assist in your child’s overall healthcare. This assessment form will allow us to evaluate your child for Sleep Disordered Breathing (SDB). SDB occurs when the child’s airway becomes compromised and does not allow for the free passage of air. In turn, this interrupts a child’s sleep cycle, preventing them from having a full night of sleep, often leading to medical complications. SDB can affect a child at any age. Dr. Evans can treat these children, who range in age from 3 – 12 years, with a non-invasive, guided oral appliance system. This system is designed to promote nasal breathing by bringing the upper & lower jaws in a forward direction, allowing the airway to open for more successful night time breathing. In time, these appliances will allow the dental arches to widen naturally, creating proper tooth alignment that may avoid braces in the future. This system can only be delivered by a dentist, so please take a few minutes to complete this questionnaire so we can provide your child with the best possible care.

1. Does your child snore? Yes No

If yes, 2 – 4 nights (moderate snoring) \_\_\_\_\_\_\_\_\_\_\_

 5 – 7 nights (habitual) \_\_\_\_\_\_\_\_\_\_\_

2. Is it interrupted snoring where the child stops breathing? Yes No

3. While sleeping does your child experience, (select any or all of the following):

* Night sweats
* Restlessness
* Night terrors
* Bed wetting
* Teeth grinding

4. During wake hours, is your child hyperactive & fidgety or do they lack attention?

 If so, which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Does your child appear sleepy with dark circles underneath their eyes? Yes No

6. Does your child have morning headaches? Yes No

7. Does your child have a speech impediment? Yes No

8. Is your child a habitual mouth breather? Yes No

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_