

Tongue Thrust (SUPPLEMENTAL)

NOTICE

If you are coming to Speech Pathology Services for a Tongue Thrust Evaluation, please complete this supplemental form in addition to either an **Adult Case History** or a **Pediatric Case History** form.

Dental History

Describe any previous and/or current dental/orthodontic treatment (i.e. braces, teeth extractions, etc.): _____

Describe any dental accidents that may have occurred (include dates): _____

Describe your concerns about you or your child's speech/dental health: _____

If any other family members have speech/dental difficulties, please describe: _____
