

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact: \_\_\_\_\_

## Red Flags re Your Kid's Best Face

Mouth	Score	Body	Score
Lips chapped, peeling, or blue	0 1	Waking up tired or cannot get up	0 1
Mouth breathing (lips apart) habitually	0 1	Excessive daytime sleepiness	0 1
White shows between eye lid and pupil	0 1	Not sleeping through the night	0 1
Facial asymmetry: one eye higher, one mouth corner lower, ears uneven	0 1	Allergies, dark circle under eyes	0 1
Nostrils uneven, narrow, tiny	0 1	Stuffy/runny nose, ear tubes	0 1
Upper & lower dental midlines off	0 1	Uneven shoulders, scoliosis	0 1
Teeth grinding sounds or worn teeth	0 1	Bed wetting	0 1
Cavities-prone, red/bleeding gums	0 1	Under weight & height in growth	0 1
Swallow with gurgling sounds, bobbing head ("goose necking"), grimaced face	0 1	Obstructive sleep apnea diagnosed from sleep test	0 1
Tongue-tie, tongue thrust, tooth prints on the sides of the tongue	0 1	Slumped posture, head forward: ears ahead of shoulders	0 1
Frequent sighing or yawning	0 1	Learning or behavior problems	0 1
Thumb sucking, nail biting; narrow & high palate	0 1	Tired, listless, lethargic, cranky, depressed, anxious, moody	0 1
Weak chin, double chin	0 1	Overweight, low thyroid function	0 1
Malocclusion: crowded/crooked teeth, deep bite, open bite, cross bite, etc.	0 1	Snoring, snorting, choking in sleep	0 1
<b>Total Score</b>		<b>Total Score</b>	