TMJ & Sleep Therapy Centre of LOS ANGELES & CONEJO VALLEY

## Pediatric Intake and Screening Tool

Please answer Yes/No, or leave blank if unsure. Provide any additional information as desired.

1. When sleeping, does your child ever snore? ☐ YES ☐ NO _____
2. When sleeping, does our child ever appear to stop breathing? ☐ YES ☐ NO _____
3. When sleeping, does your child ever gasp or wake with a startle? ☐ YES ☐ NO _____
4. When sleeping, is your child's body ever in odd positions? ☐ YES ☐ NO _____
5. When sleeping, does your child have their head extended back? ☐ YES ☐ NO _____
6. When sleeping, does your child grind their teeth? ☐ YES ☐ NO _____
7. When sleeping, does your child sweat more than usual? ☐ YES ☐ NO _____
8. When sleeping, does your child breathe with their mouth open? ☐ YES ☐ NO _____
9. When sleeping, does your child leave drool on the pillow? ☐ YES ☐ NO _____
10. Does your child have difficulty getting to sleep? ☐ YES ☐ NO _____
11. Does your child difficulty staying asleep? ☐ YES ☐ NO _____
12. Does your child wake up then have trouble going back to sleep? ☐ YES ☐ NO _____
13. Does your child sleep lightly and are they easily roused? ☐ YES ☐ NO _____
14. Does your child wake up groggy and/or moody? ☐ YES ☐ NO _____
15. Does your child wake up with a head-ache? ☐ YES ☐ NO _____
16. Does your child appear lethargic or hyperactive during the day? ☐ YES ☐ NO _____
17. Does your child have nightmares? ☐ YES ☐ NO _____
18. Does your child sleep walk or talk? ☐ YES ☐ NO _____
19. Does your child wet the bed? ☐ YES ☐ NO _____
20. Does your child toss and turn while asleep? ☐ YES ☐ NO _____
21. Does your child have problems with anxiety or behavioral issues? ☐ YES ☐ NO _____
22. Does your child have fidgety legs? ☐ YES ☐ NO _____
23. Does your child wake up in a tangle of bedclothes or on the wrong side of the bed? ☐ YES ☐ NO _____
24. Does your child chew with mouth open/messy eater? ☐ YES ☐ NO _____
25. Does your child exhibit thumb sucking or chewing on foreign objects (pencil, nail hair)? ☐ YES ☐ NO _____
26. How many hours of sleep does your child get, on average, in a 24-hour period including naps? (Circle)

Less than 6 6-7 7-8 8-9 9-10 10-11 11-12 13-14 15-17

Less than 6

**National Sleep Foundation Recommended Sleep Times**

| | |
|---|---|
| Toddlers (1-2 years) | 11-14 hours |
| Preschoolers (3-5 years) | 10-13 hours |
| School aged children (6-13 years) | 9-11 hours |
| Teenagers (14-17 years) | 8-9 hours |

I have truthfully answered all of the above questions and agree to inform your practice of any changes in my child's medical history. In addition, I certify that I have custody and do authorize informed consent for the practice to perform a complete medical, dental, and/or myofunctional evaluation of the patient.

PARENT/ GUARDIAN NAME_____SIGNATURE_____DATE_____

The Offices of Dr. David Shirazi

# TMJ & Sleep Therapy Centre of LOS ANGELES & CONEJO VALLEY

BREATHE SLEEP HEAL LIVE


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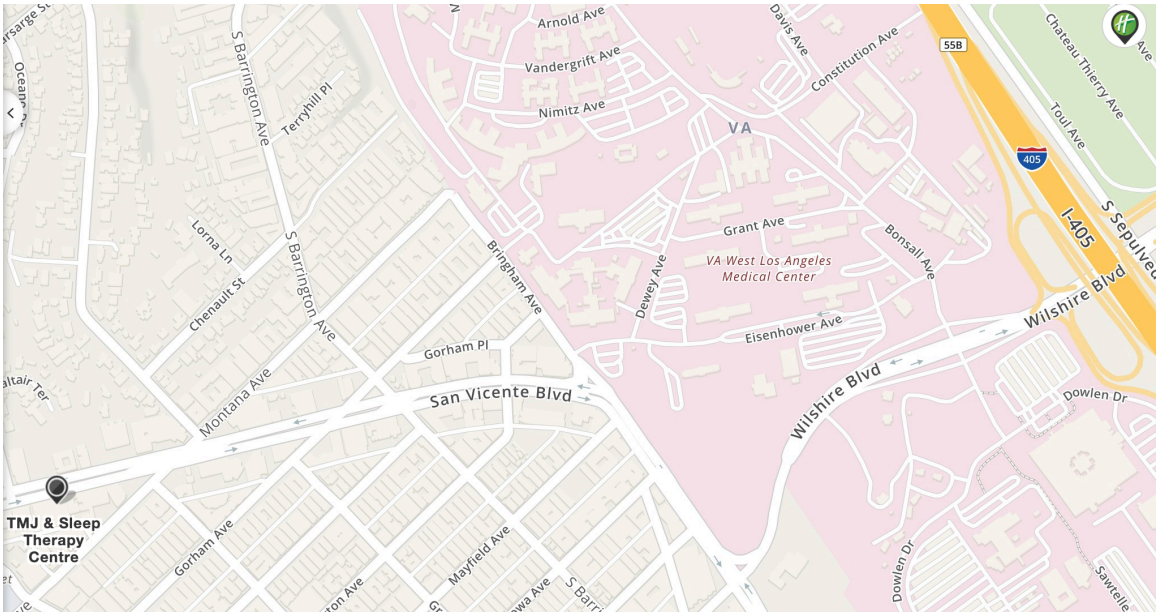


## Driving Directions:

### From the I-405 N/San Diego Fwy

1. Take Exit for I-10 W/I-10 E toward Santa Monica/Los Angeles
2. Keep Left at the Fork and Merge onto I-10 W/Santa Monica
3. Take Exit Toward Bundy Drive N and Merge onto Bundy Dr.
4. Turn Left to Stay on Bundy Dr.
5. Turn Right onto San Vicente Blvd.
6. Destination is on the Right

### From the I-405 S/San Diego Fwy

1. Take the Sunset Blvd. Exit
2. Turn Left onto N Church Ln.
3. Turn right onto Sunset Blvd.
4. Turn Left onto S Kenter Ave.
5. Continue onto Bundy Dr.
6. Use the Middle Lane & Turn Left onto San Vincente Blvd.
7. Destination is on the Right