



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

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

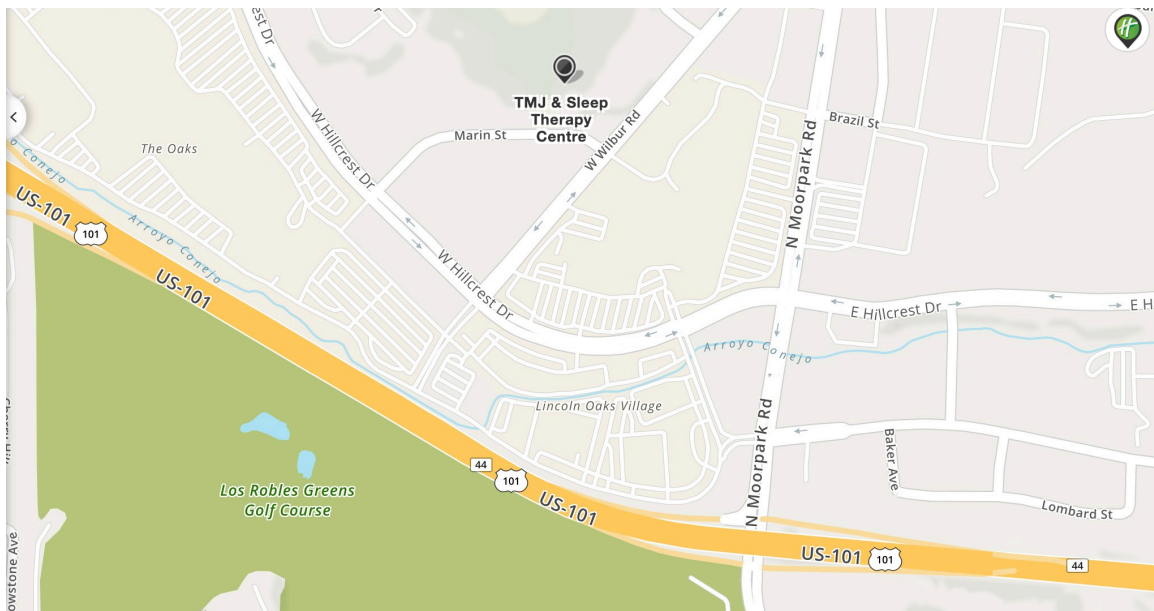
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Driving Directions:

From the 101 Freeway North

1. Take the Moorpark Rd. Exit
2. Turn Right onto S. Moorpark Rd.
3. Turn Left onto W Hillcrest Dr.
4. Turn Right onto Marin St.

From the 101 Freeway South

1. Take the Moorpark Rd. Exit
2. Turn Left onto Moorpark Rd.
3. Turn Left onto Hillcrest Dr.
4. Turn Right onto Marin St.