



Parent's Private-Eye Home Study

There are many important things about your child's health that we don't get to see at the dental office. Many parents are not aware that these observations are connected to their child's teeth or health.

Your assistance in looking for and tracking these signs and symptoms, give a more complete picture of your child's overall health. You don't need to spend a lot of time with this assessment tool, simply observe their behavior at different times of the day. It is best to see their most natural behaviors, therefore, try not to let your child know that you are watching.

Check off what you see. If you're not sure, check it anyway.
Make comments if you desire.

While sitting around...

(Watching TV, on the computer, in the car)

Does your child:

- o put "things" in the mouth a lot (toys, sleeves, pencils, fingernails, etc.)
- o lick or suck on the lips
- o have the lips apart, even a little
- o stick or dart the tongue out of the mouth
- o have the tongue resting between the teeth
- o lean the cheek on a hand
- o breath with his mouth open, even a little bit
- o make noises when breathing
- o have trouble sitting still

During a meal...

Does your child:

- o gasp for air while eating
- o stick his tongue between his teeth when swallowing
- o stick the tongue out to meet the drinking glass
- o drink a lot while eating
- o make noises when chewing
- o eat sloppily
- o take a breath before drinking
- o puff the cheeks out when drinking
- o make the lips purse when swallowing
- o make the chin "crinkle" when swallowing
- o bob the head when swallowing
- o have trouble sitting still

While talking...

Does your child:

- o talk very fast
- o talk very slowly
- o gasp for air
- o have a lisp
- o take speech lessons

While sleeping...

Does your child:

- o have the mouth open
- o snore
- o wet the bed
- o toss and turn
- o tilt the head back
- o wake up frequently
- o have frequent nightmares
- o have abnormal sleep issues
- o grind the teeth
- o have trouble waking up
- o wake with darker circles under eyes

Continued on next side:

Medical History

Does your child OFTEN (more than once in a while) complain of:

- stomach aches
- headaches
- ear aches
- ringing ears
- dizziness
- stuffy ears
- itchy ears
- neck aches
- a runny nose
- a sore throat
- trouble swallowing pills
- dry or chapped lips
- sore teeth or gums
- sores in the mouth

Did your child ever:

- use a pacifier? Until age _____
- suck a finger or thumb. Which? _____
- have allergies
- food allergies
- skin allergies
- seasonal allergies

- take medication for allergies
- have asthma
- see a doctor about asthma
- have learning problems
- have attention problems
- "behavior issues" at school

As a baby, was your child:

- breast fed, for how long _____
- bottle fed, for how long _____
- early to get teeth
- late to get teeth
- hard to feed
- refusing to chew food
- prone to ear infections
- picky eater

Did YOU ever:

- have crooked teeth
- have braces
- have extractions for braces
- have allergies
- have asthma
- have TMJ or jaw problems

These factors can negatively influence your child's growth, facial development, and overall health.
Contact Stony Plain Dental Centre to schedule you child's **free consultation**.

Call or text: 780-963-4626
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