RxSmile
ORTHODONTICS ▪ AIRWAY HEALTH
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A Risk Assessment tool for Pediatric Airway and Sleep

Patient Name/DOB: _____ **Date:** _____

While sleeping, does your child…	Yes	No	Unsure
Have trouble breathing or struggle to breath?			
Stop breathing during the night?			
Have "heavy" or loud breathing?			
Snore regularly?			
Snore loudly?			
Snore more than half the time?			
Appear to be a restless sleeper?			
Child kick during sleep?			
Have nightmares?			
Scream in their sleep?			
Grind their teeth during sleep?			
Sleepwalk?			
Occasionally wet the bed?			
Upon awakening, does your child…			
Have a dry mouth in the morning?			
Tend to breath through the mouth during the day?			
Wake up feeling un-refreshed in the morning?			
Have a problem with sleepiness during the day?			
Have trouble getting going in the morning?			
Wake up with headaches in the morning?			
We have noticed that our child…			
Does not seem to listen when spoken to directly			
Has difficulty organizing tasks			
Is easily distracted by extraneous stimuli			
Fidgets with hands or feet or squirms in seat			
Interrupts or intrudes on others (e.g., butts into conversations or games)			
Has a teacher or other supervisor comment that your child appears sleepy during the day			
Has been diagnosed with ADD or ADHD			
Additionally…			
Did your child stop growing at anormal rate at any time since birth?			
Is your child overweight?			
Does your child's teeth seem crooked or misaligned?			
Does your child have allergies?			
Does your child have frequent colds?			
Does your child have difficulty with pronunciation?			

ARFs (Airway Red Flags)

For Physicians Use Only

(Check all that apply)

Signs		Symptoms
__Lips apart at rest (open mouth posture)	__Speech problems	__Difficulties breastfeeding
__Mouth breathing	__Poor eating and swallowing	__Dysphagia
__Lip incompetence	__Parafunctional habits	__Snoring
__Swollen adenoids and tonsils	__Lower jaw set further back than upper jaw (overbite)	__Tooth grinding
__Forward tongue resting posture	__Eye shiners (dark circles under eyes)	__Coughs, colds, and chest Infections
__Tethered oral tissues	__Bags under eyes	__Chronic allergies
__Restricted lingual frenulum	__Scalloped tongue	__Nasal Congestion
__High narrow palate	__Arrested growth	__Snoring and fatigue
__Crusty and dry lips or mouth	__Poor facial symmetry	__Asthma symptoms
__Narrow smile	__Narrow posterior airway space (on ceph or CBCT)	__Cognitive communication deficits
__Long face height	__Nasal resistance (CBCT)	__Poor academic performance
__Flattened cheeks	__Vertical position of the Hyoid (should be C4, lower not good) Ceph or CBCT	__Language delays
__Maxilla retruded	__Increased BMI	__Frequent headaches
__Weak chin (lower jaw retruded)	__Under the growth curve	__Frequent nightmares
__Crowded/crooked teeth	__Other _____	__Nocturia
__Crossbite or open bite	_____	__Child behavioral disorders
__Malocclusions		__Aggressive behavior
__Excessively worn teeth		__Irritability
__Gummy smile		__Possible dx of ADD or ADHD
__Chronic otitis		__Restless sleep
		__Eczema

Pediatric Airway and Sleep Referral

Patient Name/DOB: _____ **Physician: _____**

Address: _____ **Physician Phone: _____**

Phone: _____ **Physician Fax: _____**

Specialty Evaluation Requested by: ENT, Allergist, Oral Surgeon, Orthodontist, Myofunctional Therapist, Speech/Language Therapist, Neurologist, Dietician, Pediatric Dentist, General Dentist, Psychologist, Sleep Specialist including (initial consultation, polysomnogram as necessary, and follow-up)

___Overnight Attended Sleep Study/Polysomnogram

Reason for referral:

_____

_____

Medical History and Pertinent Physical Exam Findings:

_____

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