

# Harding University Speech Clinic

## Oral-facial Examination Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

**Instructions:** Check and circle each item noted. Include descriptive comments in the right-hand margin.

### Evaluation of Face

### Comments

\_\_\_\_\_ symmetry: normal/droops on right/droops on left \_\_\_\_\_

\_\_\_\_\_ abnormal movements: none/grimaces/spasms \_\_\_\_\_

\_\_\_\_\_ mouth breathing: yes/no \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

### Evaluation of Jaw and Teeth:

Tell client to open and close mouth.

\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ symmetry: normal/deviates to right/deviates to left \_\_\_\_\_

\_\_\_\_\_ movement: normal/jerky/groping/slow/asymmetrical \_\_\_\_\_

\_\_\_\_\_ TMJ noises: absent/grinding/popping \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

Observe dentition.

\_\_\_\_\_ occlusion (molar relationship): normal/neuroclulsion (Class I)/  
distocclusion (Class II)/mesiocclusion (Class III)/ \_\_\_\_\_

\_\_\_\_\_ occlusion (incisor relationship): normal/overbite/underbite/crossbite \_\_\_\_\_

\_\_\_\_\_ teeth: all present/dentures/teeth missing(specify) \_\_\_\_\_

\_\_\_\_\_ arrangement of teeth: normal/jumbled/spaces/misaligned \_\_\_\_\_

\_\_\_\_\_ hygiene: \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

## Oral-facial Examination Form

### Evaluation of Lips

Tell client to pucker.

\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ symmetry: normal/droops bilaterally/droops right/droops left \_\_\_\_\_  
\_\_\_\_\_ strength (press tongue blade against lips): normal/weak \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Tell client to smile.

\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ symmetry: normal/droops bilaterally/droops right/droops left \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Tell client to puff cheeks and hold air.

\_\_\_\_\_ lip strength: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ nasal emission: absent/present \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

### Evaluation of Tongue

\_\_\_\_\_ surface color: normal/abnormal (specify) \_\_\_\_\_  
\_\_\_\_\_ abnormal movements: absent/jerky/spasms/writhing/ fasciculations \_\_\_\_\_  
\_\_\_\_\_ size: normal/small/large \_\_\_\_\_  
\_\_\_\_\_ frenum: normal/short \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Tell client to protrude the tongue.

\_\_\_\_\_ excursion: normal/deviates to right/deviates to left \_\_\_\_\_  
\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ speed of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ strength (apply opposing pressure with tongue blade): normal/reduced \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Tell client to retract the tongue.

\_\_\_\_\_ excursion: normal/deviates to right/deviates to left \_\_\_\_\_  
\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ speed of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_  
\_\_\_\_\_

## Oral-facial Examination Form

Tell client to move the tongue tip to the right.

\_\_\_\_\_ excursion: normal/incomplete/groping \_\_\_\_\_  
\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ strength (apply opposing pressure with tongue blade): normal/reduced \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Tell client to move the tongue tip to the left.

\_\_\_\_\_ excursion: normal/incomplete/groping \_\_\_\_\_  
\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ strength (apply opposing pressure with tongue blade): normal/reduced \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Tell client to move the tongue tip up.

\_\_\_\_\_ movement: normal/groping \_\_\_\_\_  
\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Tell client to move the tongue tip down.

\_\_\_\_\_ movement: normal/groping \_\_\_\_\_  
\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Observe rapid side-to-side movements.

\_\_\_\_\_ rate: normal/reduced/slows down progressively \_\_\_\_\_  
\_\_\_\_\_ range of motion: normal/reduced on left/reduced on right \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

### **Evaluation of Pharynx:**

\_\_\_\_\_ color: normal/abnormal \_\_\_\_\_  
\_\_\_\_\_ tonsils: absent/normal/enlarged \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

### **Evaluation of Hard and Soft Palates:**

\_\_\_\_\_ color: normal/abnormal \_\_\_\_\_  
\_\_\_\_\_ rugae: absent/present \_\_\_\_\_  
\_\_\_\_\_ arch height: normal/high/low \_\_\_\_\_

## Oral-facial Examination Form

\_\_\_\_\_ arch width: normal/narrow/wide\_\_\_\_\_

\_\_\_\_\_ growths: absent/present (describe)\_\_\_\_\_

\_\_\_\_\_ fistula: absent/present (describe)\_\_\_\_\_

\_\_\_\_\_ clefting: absent/present (describe)\_\_\_\_\_

\_\_\_\_\_ symmetry at rest: normal/lower on right/lower on left\_\_\_\_\_

\_\_\_\_\_ gag reflex: normal/absent/hyperactive/hypoactive\_\_\_\_\_

\_\_\_\_\_ other:\_\_\_\_\_

Tell client to phonate using / α /.

\_\_\_\_\_ symmetry of movement: normal/deviates right/deviates left\_\_\_\_\_

\_\_\_\_\_ posterior movement: present/absent/reduced\_\_\_\_\_

\_\_\_\_\_ lateral movement: present/absent/reduced\_\_\_\_\_

\_\_\_\_\_ uvula: normal/bifid/deviates right/deviates left\_\_\_\_\_

\_\_\_\_\_ nasality: absent/hypernasal\_\_\_\_\_

\_\_\_\_\_ other\_\_\_\_\_

**Summary of Findings:**