# 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.

<table>
<thead>
<tr>
<th>Evaluation of Face</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ symmetry: normal/droops on right/droops on left</td>
<td></td>
</tr>
<tr>
<td>_____ abnormal movements: none/grimaces/spasms</td>
<td></td>
</tr>
<tr>
<td>_____ mouth breathing: yes/no</td>
<td></td>
</tr>
<tr>
<td>_____ other:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation of Jaw and Teeth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell client to open and close mouth.</td>
</tr>
<tr>
<td>_____ range of motion: normal/reduced</td>
</tr>
<tr>
<td>_____ symmetry: normal/deviates to right/deviates to left</td>
</tr>
<tr>
<td>_____ movement: normal/jerky/groping/slow/asymmetrical</td>
</tr>
<tr>
<td>_____ TMJ noises: absent/grinding/popping</td>
</tr>
<tr>
<td>_____ other:</td>
</tr>
</tbody>
</table>

Observe dentition.

| _____ occlusion (molar relationship): normal/neutroclusion (Class I)/dистoclusion (Class II)/mesioclusion (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/slow 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: