TEJAS
Ear, Nose and Throat, P.A.

Tejas Hearing Aid Center™

Do you now have or ever had any of the following?
If you answer yes, Dr. Tamez will discuss with you in detail during his time with you.

Symptom	Yes	No	
Mouth breathing	☐	☐	mild moderate severe
Do you feel tired during the day?	☐	☐	mild moderate severe
History of nasal trauma?	☐	☐	
Bad breath	☐	☐	mild moderate severe
Drooling	☐	☐	mild moderate severe
Snoring	☐	☐	mild moderate severe
How long does it take you to get to sleep?	Minutes? _____		Hours? _____
Frequent waking at night	☐	☐	how many times? ____
Tossing and turning at night	☐	☐	mild moderate severe
Leg kicking	☐	☐	mild moderate severe
Night sweats	☐	☐	mild moderate severe
Sleep walking or talking	☐	☐	how often? _____
Nightmares	☐	☐	how often? _____
Vivid Dreams	☐	☐	how often? _____
Bed wetting (after the age of 5)	☐	☐	how often? _____
Sleep study	☐	☐	when? _____
Grinding or clenching teeth (day or night?)	☐	☐	mild moderate severe
Jaw discomfort/TMJ (day or night?)	☐	☐	mild moderate severe
Thumb sucking (day or night?)	☐	☐	mild moderate severe

7201 Wyoming Springs Drive, Suite 100, Round Rock, Texas 78681
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Symptom	Yes	No	
Tongue thrusting (day or night?)	☐	☐	mild moderate severe
Orthodontic work (braces, expander?)	☐	☐	at what age? _____
Picky eating (applies to children only)	☐	☐	mild moderate severe
Attention deficit issues/focusing issues	☐	☐	mild moderate severe
Hyperactivity	☐	☐	mild moderate severe
Obsessive Compulsive complaints	☐	☐	mild moderate severe
Sensitivity to sounds	☐	☐	mild moderate severe
Sensory or Autism Spectrum Disorder	☐	☐	mild moderate severe
Moodiness	☐	☐	mild moderate severe
Speech Issues	☐	☐	mild moderate severe
Height and weight (applies to children only)	percentile of height/weight _____		
Recurrent sinus infection	☐	☐	how often? _____
Ear infections	☐	☐	how often? _____
Throat infections	☐	☐	how often? _____
Have you been allergy tested?	☐	☐	
If so, have you have had allergy shots?	☐	☐	

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