

# SLP - ORAL-PERIPHERAL EXAMINATION

STUDENT'S NAME: \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DOB: \_\_\_\_\_

Write WNL or YES or a checkmark in the blanks if no problems are observed.  
If problems are observed, write either NO or a description, as appropriate.

1. LIPS

Habitual posture: Closed \_\_\_\_\_ Open \_\_\_\_\_

Evidence of Cleft Lip or other structural problem: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

Symmetrical appearance: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

Mobility: Presses \_\_\_\_\_ Purses \_\_\_\_\_

Retracts \_\_\_\_\_ Symmetrical movement \_\_\_\_\_

2. MANDIBLE

Mobility: Sufficient \_\_\_\_\_ Insufficient \_\_\_\_\_

3. TEETH

Condition: WNL \_\_\_\_\_ Excessive decay \_\_\_\_\_

Spacing: WNL \_\_\_\_\_ Excessive spaces \_\_\_\_\_ Crowded \_\_\_\_\_

Missing teeth: All present: \_\_\_\_\_ Specify missing teeth \_\_\_\_\_

Occlusion: WNL \_\_\_\_\_ Under bite \_\_\_\_\_ Over bite \_\_\_\_\_

Open bite \_\_\_\_\_

4. TONGUE

Carriage: Normal \_\_\_\_\_ Protruded \_\_\_\_\_

Protrusion: Deviation \_\_\_\_\_ Tremors \_\_\_\_\_

Mobility: Elevation \_\_\_\_\_ Lateralization \_\_\_\_\_

Licks in circular motion \_\_\_\_\_

Sweeps palate from alveolar ridge \_\_\_\_\_

Moves independently of jaw \_\_\_\_\_

Lingual Frenulum: Attached \_\_\_\_\_ Unattached \_\_\_\_\_

5. PALATE

Hard Palate: Normal \_\_\_\_\_ Cleft \_\_\_\_\_ Describe \_\_\_\_\_

Contour: Normal \_\_\_\_\_ Flat \_\_\_\_\_ Deep/Narrow \_\_\_\_\_

Velum:: Normal \_\_\_\_\_ Cleft \_\_\_\_\_ Describe \_\_\_\_\_

Length: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Short \_\_\_\_\_

Mobility: \_\_\_\_\_ Adequate \_\_\_\_\_ Inadequate \_\_\_\_\_

Uvula: Normal \_\_\_\_\_ Deviated \_\_\_\_\_ Bifid \_\_\_\_\_

Tonsils: Normal \_\_\_\_\_ Enlarged \_\_\_\_\_ Removed \_\_\_\_\_

Speech-Language Pathologist: \_\_\_\_\_