

## EVALUATION FORM OLFACTION TRAINING SESSION

Use for every treatment for patient's file.

Date:

Treatment number:

Duration of treatment:            Minutes

Evaluation independent practicing:

Performance of polite yawning technique:

Lips

Floor of mouth

Mandible

Tongue

Soft palate

Breathe

Hypokinetic

Hyperkinetic

Results manometer:

Test odours used:

Additional exercises – tips – advice:

Homework: