

Child Lip/Tongue Tie Parent Assessment

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child experienced any of the following issues? Please check or elaborate as needed.**

**Speech Feeding**

\_\_\_ Frustration with communication \_\_\_ Frustration when eating

\_\_\_ Difficult to understand by parents \_\_\_ Difficulty transitioning to solid foods

\_\_\_ Difficult to understand by outsiders \_\_\_ Slow eater (doesn’t finish meals)

\_\_\_ Difficulty speaking fast  \_\_\_ Small appetite / Trouble gaining weight

\_\_\_ Difficulty getting words out (groping for words) \_\_\_ Grazes on food throughout the day

\_\_\_ Trouble with sounds (which?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Packing food in cheeks like a chipmunk

\_\_\_ Speech delay (when?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Picky eater/ with textures (which?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Stuttering  \_\_\_ Choking or gagging on food

\_\_\_ Speech therapy (how long)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Reflux (medicated or not)

\_\_\_ Mumbling or speaking softly \_\_\_ Problems nursing/bottle feeding as a baby

\_\_\_ “Baby Talks” or uses baby voice

**Sleep Issues Lip-Tie Issues**

\_\_\_ Sleeps in strange positions \_\_\_ Difficult or fights to brush top teeth

\_\_\_ Sleeps restlessly (moves a lot) \_\_\_ Top teeth don’t show when smiling

\_\_\_ Wakes easily or often \_\_\_ Gap between two front teeth

\_\_\_ Wets the bed  \_\_\_ Cavities on front teeth

\_\_\_ Wakes up tired and not refreshed \_\_\_ Trouble eating from a spoon/ flips spoon over

\_\_\_ Grinds teeth while sleeping \_\_\_ Trouble with B,P,M or W sounds

\_\_\_ Sleeps with mouth open

\_\_\_ Snores while sleeping (how often) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Gasps for air or stops breathing (sleep apnea)

**Other Related Issues Any Other Issues or Concerns?**

\_\_\_ Neck or shoulder pain or tension ­­­­­

\_\_\_ TMJ Pain, clicking, or popping \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Headaches or migraines

\_\_\_ Strong gag reflex         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Prolonged thumb sucking / pacifier use

\_\_\_ Mouth open /mouth breathing during the day         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Tonsils or adenoids removed previously

\_\_\_ Ear tubes previously / lots of ear infections       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hyperactivity / Inattention

Were you referred for a lip/tongue tie evaluation? \_\_\_\_\_\_ If yes, by who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_