9885 E. 116th St., #100, Fishers, IN 46037
317-842-8453
www.babytoothcenter.com

# INFANT TONGUE TIE QUESTIONNAIRE

Patient's Name_____ DOB_____
Medical Problems_____ Heart disease __ Y __N Bleeding Disorders __Y __N
Other_____
__Male __Female Birth Weight_____ Present Weight_____ Birth Hospital_____
Vaginal Birth or C-Section Birth?_____ Any Birth Complications?_____
Are you presently breastfeeding? __ Y __N If no, how long since you stopped breastfeeding?_____

**Medical History**

1. Infants are usually given vitamin K at birth to prevent bleeding in the first 8 weeks of life. Did you child receive the vitamin K shot? __ Y __N
2. Was your infant premature? __ Y __N
3. Does your infant have any heart disease? __ Y __N
4. Has your infant had any surgeries? __ Y __N
5. **Has your infant experienced any of the following?**

__Shallow latch at breast or bottle
__Slides or pops on and off the nipple
__Reflux symptoms
__Gagging, choking, coughing when eating
__Poor weight gain
__Lip curls under when nursing/taking bottle
__Pacifier falls out easily, doesn't like, wont stay in
__Short sleeping requiring feedings every 1-2 hours
__Feels like a full time job to feed baby
__Baby is frustrated at the breast/bottle
__Falls asleep while eating
__Colic symptoms/cries a lot
__Clicking or smacking noises when eating
__Gassy
__Hiccups often
__Gumming or chewing your nipple
__Milk dripples out of mouth when nursing/bottle
__Snoring, noisy breathing or mouth breathing
__Nose congested often
__Spits up often?

Amount/Frequency_____
How long does the baby take to eat?_____ How often does baby eat? _____

6. Is your infant taking any medications? _____
7. Does your child experience Reflex or Thrush ?_____
8. Has your infant had a prior surgery to correct the tongue or lip tie? If yes, when and by whom?
   _____

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**9. Do you have any of the following signs or symptoms?**

__Creased, flattened or blanched nipples
__Blistered or cut nipples
__Poor or incomplete breast drainage
__Plugged ducts/engorment/drainage
__Using a nipple shield
Pain of 1-10 when first latching_____

__Lipstick shaped nipples
__Bleeding Nipples
__Infected nipples or breasts
__Nipple thrush
__Baby prefers on side over other? __R __L
Pain 1-10 during nursing_____

Pediatrician_____Phone Number_____
Lactation Consultant_____Phone Number_____

Doctor's Signature_____ Date_____