



9885 E. 116th St., #100, Fishers, IN 46037
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www.babytoothcenter.com

TONGUE RESTRICTION QUESTIONNAIRE

Patient's Name _____ Age _____ Date _____

Please check all issues that apply to your child to help us determine if your child's tongue could be restricted and function is affected.

Feeding History as a Baby

- | | |
|--|--|
| <input type="checkbox"/> Painful Nursing or shallow latch | <input type="checkbox"/> Difficult bottle feeding |
| <input type="checkbox"/> Slow or poor weight gain | <input type="checkbox"/> Reflux or spitting up often |
| <input type="checkbox"/> Excessive gassiness or fussiness as a baby | <input type="checkbox"/> Prolonged feeding time at the breast or on the bottle |
| <input type="checkbox"/> Milk dribbling out of the mouth when eating | |

Current Issues

- | | |
|---|--|
| <input type="checkbox"/> Frustration with communication | <input type="checkbox"/> Speech delay |
| <input type="checkbox"/> Picky eater, especially with textures | <input type="checkbox"/> Choking or gagging on liquids or foods |
| <input type="checkbox"/> Spitting out food or packing food in cheeks | <input type="checkbox"/> Crooked, crowded teeth, or high arched palate |
| <input type="checkbox"/> Restless sleep | <input type="checkbox"/> Grinds teeth at night |
| <input type="checkbox"/> Sleeps with mouth open | <input type="checkbox"/> Snores |
| <input type="checkbox"/> Frequent headaches or neck pain | <input type="checkbox"/> Mouth breathing |
| <input type="checkbox"/> Enlarged tonsils and/or adenoids | <input type="checkbox"/> Recurrent ear infections |
| <input type="checkbox"/> Eczema/allergies/asthma | <input type="checkbox"/> Hyperactivity or inattention |
| <input type="checkbox"/> Frequent sinus issues/upper respiratory infections | |
| <input type="checkbox"/> Trouble with speech, sounds, hard to understand, or mumbling | |
| <input type="checkbox"/> Jaw joint (TMJ) issues (popping, clicking, or pain) | |

To be completed by healthcare provider:

Tongue Elevation Exam: Grade 1 (>80%) Grade 2 (50-80%) Grade 3 (<50%) Grade 4 (<25%)

Referral Recommended: YES / NO / MAYBE