Dickson Pediatric Dentistry, PLLC.

Child Frenectomy Sheet

PATIENT INFORMATION

First Name		**Last Name**		**Birth Date**	
Age		**Previous clip or release of tongue?**			(date)
Medical Issues					
Medications taking					
Allergies					

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

Speech

- ❑ Frustration with communication
- ❑ _____ % percent of time you understand your child
- ❑ Trouble with sounds (which?) _____
- ❑ Speech harder to understand in long sentences
- ❑ Difficulty getting words out (groping for words)
- ❑ Difficult to understand by parents
- ❑ Difficult to understand by outsiders
- ❑ Baby Talks" or uses baby voice
- ❑ Speech therapy (how long?) _____
- ❑ Speech delay (when?) _____
- ❑ Difficulty speaking fast
- ❑ Stuttering
- ❑ Mumbling or speaking softly

Feeding

- ❑ Frustration when eating
- ❑ Difficulty transitioning to solid foods
- ❑ Small appetite / Trouble gaining weight
- ❑ Picky eater / with textures (which?) _____
- ❑ Slow eater (doesn't finish meals)
- ❑ Choking or gagging on food
- ❑ Grazes on food throughout the day
- ❑ Other _____
- ❑ Spits out food
- ❑ Won't try new foods
- ❑ Packing food in cheeks like a chipmunk

Nursing or Bottle-Feeding Issues as a Baby

- ❑ Painful nursing or shallow latch
- ❑ Poor weight gain
- ❑ Reflux or spitting up
- ❑ Other _____
- ❑ Nipple shield needed for nursing
- ❑ Milk leaked out of mouth / messy eater
- ❑ Clicking or smacking noise when eating
- ❑ Gassy (tooted a lot) as baby
- ❑ Cried a lot / colic as baby
- ❑ Poor milk supply

Sleep Issues

- ❑ Sleeps in strange positions
- ❑ Sleeps restlessly (moves a lot)
- ❑ Wakes up tired and not refreshed
- ❑ Grinds teeth while sleeping
- ❑ Snores while sleeping (how often?) _____
- ❑ Gasps for air or stops breathing (sleep apnea)
- ❑ Wets the bed
- ❑ Sleeps with mouth open
- ❑ Wakes easily or often

Lip-Tie Issues

- ❑ Difficult or fights to brush top teeth
- ❑ Top teeth don't show when smiling
- ❑ Any other issues or concerns? _____
- ❑ Trouble eating from a spoon / flips spoon over
- ❑ Gap between two front teeth
- ❑ Trouble with B, P, M or W sounds

Other Related Issues

- ❑ 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
- ❑ Reflux / Stomach Acid / Tagamet
- ❑ Hyperactivity / Inattention
- ❑ Constipation / Miralax

**for more info, you can google "posterior tongue tie" or "baby tongue tie"*

Physician		**Therapist**	
Who referred you to us?			

FORM COMPLETION

Signature of Patient, Parent or Guardian		**Date**	
Form signed by		**Relationship to Patient**	