

Infant Lip/Tongue Tie Parent Assessment

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

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

Lactation Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you referred for a lip/tongue tie evaluation? Y N

Did your baby receive a vitamin K shot at birth? Y N

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

\_\_\_\_ Shallow latch at breast or bottle \_\_\_\_ Falls asleep in the middle of a feed

\_\_\_\_ Slides or pops on and off the nipple \_\_\_\_ Gagging, choking, or coughing when eating

\_\_\_\_ Poor or slow weight gain  \_\_\_\_ Hiccups often

\_\_\_\_ Lots of *in utero* hiccups \_\_\_\_ Gumming or chewing the nipple

\_\_\_\_ Pacifier falls out easily or won’t stay in \_\_\_\_ Snoring, noisy breathing, or mouth breathing

\_\_\_\_ Short sleeping and waking often \_\_\_\_ Baby moves a lot in sleep/restless sleep

\_\_\_\_ Baby seems always hungry and not full \_\_\_\_ Lip curls under when nursing or taking bottle

 \_\_\_\_ Clicking or smacking noises when eating \_\_\_\_ Sucking blisters or callouses on lips

\_\_\_\_ Colic symptoms / Baby cries a lot  \_\_\_\_ Reflux symptoms

 \_\_\_\_ Spits up often? Amount / Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Gassy / Fussy often

\_\_\_\_ Milk leaks out of mouth when nursing/bottle \_\_\_\_ Nose sounds congested often

\_\_\_\_ Baby is frustrated at the breast or bottle \_\_\_\_ Constipation or irregular stools

How long does baby take to eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often does baby eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else?

**Do you have any of the following signs or symptoms now or in the past? Please check/circle/elaborate.**\_\_\_\_ Creased, flattened, or blanched nipples

\_\_\_\_ Lipstick shaped nipples

\_\_\_\_ Blistered or cut nipples

\_\_\_\_ Poor or incomplete breast drainage

\_\_\_\_ Decreasing milk supply

\_\_\_\_ Plugged ducts / engorgement / mastitis

\_\_\_\_ Nipple thrush

\_\_\_\_ Using a nipple shield

Pain on a scale of 0-10 when first latching \_\_\_\_\_\_\_\_

Pain (0-10) during nursing \_\_\_\_\_\_\_