

# Infant Tongue / Lip Tie Questionnaire

Parent and infant's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth weight \_\_\_\_\_ Present weight \_\_\_\_\_

Birth: \_\_\_\_\_ Home birth \_\_\_\_\_ Hospital birth \_\_\_\_\_ Vaginal birth \_\_\_\_\_ C-section birth \_\_\_\_\_

Are you presently breastfeeding? \_\_\_\_\_ yes \_\_\_\_\_ no If no, how long since you stopped? \_\_\_\_\_

Medical History: Has your child experienced any of the following problems or treatment?

1. Did your baby receive vitamin K injections? \_\_\_\_\_ yes \_\_\_\_\_ no (Infants are usually given vitamin K at birth to prevent bleeding in the first 8 weeks of life)

2. Does your infant have any *bleeding disorders*? \_\_\_\_\_ yes \_\_\_\_\_ no

3. Is there a *family history of bleeding disorders*? \_\_\_\_\_ yes \_\_\_\_\_ no

4. Was your infant born *premature*? \_\_\_\_\_ yes \_\_\_\_\_ no

5. Does your infant have *heart disease*? \_\_\_\_\_ yes \_\_\_\_\_ no

6. Has your infant had *any surgery*? \_\_\_\_\_ yes \_\_\_\_\_ no

7. Does your infant have any *allergies*? \_\_\_\_\_ yes \_\_\_\_\_ no

8. Has your infant had a prior surgery to correct the tongue or lip tie? \_\_\_\_\_ yes \_\_\_\_\_ no

9. Is your infant taking any *medications*? \_\_\_\_\_ yes \_\_\_\_\_ no List \_\_\_\_\_

10. Has your infant taken any pain medication today (day of procedure)? \_\_\_\_\_ yes \_\_\_\_\_ no

Has **your infant** had any of the following?

## YES / NO

- Poor latch
- Falls asleep while attempting to nurse
- Slides off nipple when trying to latch
- Colic symptoms
- Reflux symptoms (due to excessive clicking or air intake)
- Poor weight gain
- Gumming/chewing nipple when nursing
- Unable/unwilling to take pacifier
- Short sleep episodes requiring feeding every 1-2 hours

Pediatrician \_\_\_\_\_

City \_\_\_\_\_

Lactation consultant \_\_\_\_\_

City \_\_\_\_\_

Chiropractor \_\_\_\_\_

City \_\_\_\_\_

Referred by \_\_\_\_\_

Does **Mom** have any of the following?

## YES / NO

- Creased, flattened or blanched nipples after nursing
- Cracked, bruised, or blistered nipples
- Bleeding nipples
- Severe pain when your infant attempts to latch
- Poor or incomplete breast drainage
- Infected nipples or breasts
- Plugged ducts or mastitis
- Nipple thrush

Additional information you want Dr. Peterson to know before appointment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
For The Office