



## London Tongue & Lip Tie Network: Child Questionnaire

Parent/Guardian Name \_\_\_\_\_

Patient's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Weight \_\_\_\_\_ Current Weight \_\_\_\_\_ Height \_\_\_\_\_

Vaginal Birth \_\_\_\_\_ C-Section Birth \_\_\_\_\_ Any birth complications? (ie vacuum, forceps, breach, nuchal cord,

preterm) \_\_\_\_\_

Medical Problems \_\_\_\_\_

Currently Breastfeeding? \_\_\_\_\_ If No, how long since you stopped breastfeeding and why? \_\_\_\_\_

Allergies \_\_\_\_\_

Previous release of TOTs? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Tool \_\_\_\_\_

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

#### Speech

- \_\_\_\_\_ Frustration with communication
- \_\_\_\_\_ Difficult to understand by parents
- \_\_\_\_\_ Difficult to understand by non-family
- \_\_\_\_\_ % Percent of time you understand your child
- \_\_\_\_\_ Difficulty speaking fast
- \_\_\_\_\_ Difficulty getting words out (groping for words)
- \_\_\_\_\_ Trouble with sounds (which?) \_\_\_\_\_
- \_\_\_\_\_ Speech delay (when?) \_\_\_\_\_
- \_\_\_\_\_ Stuttering
- \_\_\_\_\_ Speech harder to understand in long sentences
- \_\_\_\_\_ Speech therapy (how long?) \_\_\_\_\_
- \_\_\_\_\_ Mumbling or speaking softly
- \_\_\_\_\_ Baby talk

#### Feeding

- \_\_\_\_\_ Frustration when eating
- \_\_\_\_\_ Difficulty transitioning to solid foods
- \_\_\_\_\_ Slow eater (doesn't finish meals)
- \_\_\_\_\_ Grazes on food throughout the day
- \_\_\_\_\_ Packs food in cheeks like a chipmunk
- \_\_\_\_\_ Picky with textures (which?) \_\_\_\_\_
- \_\_\_\_\_ Choking or gagging on food
- \_\_\_\_\_ Spits out food
- \_\_\_\_\_ Other: \_\_\_\_\_

#### Nursing or Bottle-Feeding Issues as a Baby

- \_\_\_\_\_ Painful nursing or shallow latch
- \_\_\_\_\_ Poor weight gain
- \_\_\_\_\_ Reflux or spitting up
- \_\_\_\_\_ Unable to hold pacifier
- \_\_\_\_\_ Milk dribbling out of mouth
- \_\_\_\_\_ Poor supply
- \_\_\_\_\_ Nipple shield required for nursing
- \_\_\_\_\_ Clicking or smacking noises when feeding
- \_\_\_\_\_ Breastfed until age \_\_\_\_\_
- \_\_\_\_\_ Bottlefed until age \_\_\_\_\_

#### Sleep Issues

- \_\_\_\_\_ Sleeps in strange position
- \_\_\_\_\_ Kicks and flails around at night
- \_\_\_\_\_ Wakes easily or often
- \_\_\_\_\_ Wets the bed
- \_\_\_\_\_ Wakes up tired and not refreshed
- \_\_\_\_\_ Grinds teeth while sleeping
- \_\_\_\_\_ Sleeps with mouth open
- \_\_\_\_\_ Snores while sleeping (how often?) \_\_\_\_\_
- \_\_\_\_\_ Gasps for air or stops breathing (sleep apnea)
- \_\_\_\_\_ Sweaty

#### Other Related Issues

- \_\_\_\_\_ Neck or shoulder pain/tension
- \_\_\_\_\_ TMJ pain, clicking or popping
- \_\_\_\_\_ Headaches or migraine
- \_\_\_\_\_ Strong gag reflex
- \_\_\_\_\_ Mouth open/mouth breathing during the day
- \_\_\_\_\_ Tonsils or adenoids removed
- \_\_\_\_\_ Ear tubes
- \_\_\_\_\_ Reflux (medicated or not)
- \_\_\_\_\_ ADHD/ADD/ODD/Anxiety/Depression
- \_\_\_\_\_ Constipation

- \_\_\_\_\_ Mom or dad had braces
- \_\_\_\_\_ Delayed milestones:
- \_\_\_\_\_ Thumb sucking until what age \_\_\_\_\_

#### Anything else we need to know:

Pediatrician \_\_\_\_\_

Speech Therapist \_\_\_\_\_

Who referred you to us? \_\_\_\_\_