



Patient's Name _____ Birthday _____ Age _____ Today's Date _____

Medical issues: _____ Medications taking: _____

Allergies: _____ Previous clip or release of tongue? _____ (date)

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

Speech

- Frustration with communication
- Difficult to understand by parents
- Difficult to understand by outsiders
- % 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 Talks" or uses baby voice

Feeding

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

Nursing or Bottle-Feeding Issues as a Baby

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

Sleep Issues

- Sleeps in strange positions
- Sleeps restlessly (moves a lot)
- 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)

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 (medicated or not)
- Hyperactivity / Inattention
- Constipation

Lip-Tie Issues

- Difficult or fights to brush top teeth
- Top teeth don't show when smiling
- Gap between two front teeth
- Cavities on front teeth
- Trouble eating from a spoon/ flips spoon over
- Trouble with B,P,M or W sounds

Any Other Issues or Concerns?

Physician _____ Therapist _____

Who referred you to us? _____ Doctor's signature _____