

Feeding/Tongue Tie (TT) Questionnaire

Date: _____

Child's Name: _____

Parent(s): _____

DOB: _____

Contact #: _____

Gender: M or F

Person supplying information: _____

Reason for referral: _____

Insurance: _____

<u>Background History</u>	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Diagnosis of Tongue Tie			
By Whom? When?			
Recommendations:			
Ear Infections			
Tubes			
Torticollis (head persistently turned to one side)			

<u>Family History</u>	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Anyone in the family TT (Parents, Grandparents, Aunts/Uncles, Both sides?)			
Who? Surgery?			
Anyone suffer from TMJ, Migraines, Jaw Issues			
Who?			
Symptoms:			
Notes:			

<u>Feeding/Eating History</u>	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Noxious habits (finger/thumb sucking; pacifier use)			
Early feeding difficulty			
Bottle or Breast			
Notes:			
Pain when nursing for mother			
Weight Issues			
History of thrush			
Reflux/Colic			

Additional Notes:

Child's Name: _____

Feeding/Eating History (continued)			
	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Picky eater			
Avoids:			
Gagging/Choking			
Sensitive gag reflex			
Long time to eat			
Bite rather than lick ice cream			
Messy Eater/Noisy Eater			
Tongue thrust (based on swallow test if possible)			
Pulls lips in to clean (doesn't lick)			
Excessive drinking while eating			
Oral Assessment			
	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Drooling present			
When? (sleep, during day)			
Tongue always on bottom of mouth			
Frenulum visible during speech			
Tight upon palpitation			
High palate			
Narrow palate			
Lower teeth crowding			
Notes:			
Tonsils present			
Enlarged			
Able to hold tongue depressor with lips only (indicates weak lip closure)			
Lip tie present? Yes No Possible Can lip be pulled to tip of nose?			
Gap between upper teeth			
Dental visits difficult			
Notes:			
Tactilely defensive (teeth brushing etc.)			
Tooth decay			
Notes:			
OTHER: Buccal Ties			
Sacral dimple			
MTHFR mutation			
Movement/Appearance			
	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Tongue is able to surpass lips upon extension			
Tongue is able to elevate inside mouth Touch palate: Yes No			
Tongue is able to elevate outside of mouth ~ Circle: good minimal			
Tongue can poke into cheeks			
Tongue can touch corners of mouth upon extension			
Tongue can circumlocute lips			
Is tongue pointed down during extension			

Child's Name: _____

<u>Oral Assessment</u> (continued)	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Tongue Appearance			
Heart shape at tip			
Pulling			
Dimpling in center (have patient open mouth wide)			
Jaw involvement noted in above movements			
Notes:			
Measurements using Quick Tongue Tie Assessment Tool (if possible)			
Mouth Open Wide (MOW) measurement:			
Mouth Open Wide with Suction (MOWS):			
MOWS must = ½(or more) of MOW			
Lip Meter:			
<u>Speech</u>	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Errored			
Notes:			
Inflection impaired			
Intelligibility affected			
% intelligible ~ familiar: unfamiliar:			
Severity level of speech delay			
Speech has a hyponasal quality (perpetual cold)			
Progress (if speech has already begun)			
<u>Sleeping/Breathing</u>	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Mouth open during sleep			
Mouth open during day (mouth breathing)			
Snoring			
Sleeping problems/restless			
Complaints of pain upon waking/eating/chewing			
Additional Notes:			

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-) I authorize Speak To Me to use pictures of _____ (client name) for promotional purposes (ex. Brochures, website, etc.)
-) I acknowledge that I will receive no financial compensation for providing consent since my participation with Speak To Me in providing my consent and release is voluntary.
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-) I reserve the right to revoke this agreement at any time. I understand that my right to revoke must be done in writing.
-) I am the client, parent or legal guardian of the person named below and have the legal authority to execute this consent and release.

Printed Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

Release of Photographs/Videos