



## Frenectomy Evaluation

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

Lactation Consultant \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Birth weight (lb/oz): \_\_\_\_\_ Present weight: \_\_\_\_\_

Has physician or lactation specialist evaluated your infants tongue tie? : \_\_\_\_\_

Received Vitamin K injections?  Yes  No

Was your infant premature?  Yes  No

Does your infant have any heart disease?  Yes  No

Has your infant had any surgery?  Yes  No

Medications: \_\_\_\_\_

Has patient had prior surgery to correct the tongue or lip tie?

Yes  No If yes, when/by whom? \_\_\_\_\_

### Baby's Symptoms

- Poor latch
- Falls asleep while attempting to nurse
- Slides off the nipple when attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Gumming or chewing of your nipple when nursing
- Unable to hold a pacifier in his or her mouth
- Short sleep episodes requiring feeding every 2-3 hours

### Mother's Symptoms

- 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
- Mastitis or nipple thrush

Family history of Tongue Tie  Lip Tie

### Has your baby had any of the following?

- Weight loss/gain
- Nasal obstruction
  
- Swallowing issues
- Cyanosis (turning blue)
- Breathing issues
- Reflux/vomiting/spitting up
- Bleeding problems

### Office Use Only

PARQ

Consent Signed

Topical EMLA

Local Anesthetic

LASER wattage: \_\_\_\_\_

Dental provider's

Signature: \_\_\_\_\_

