



Infant Tongue/Lip Tie Evaluation

Patient Name _____ Date of Birth: _____ Today's date: _____

Lactation Consultant: _____ Date of last visit: _____

Birth weight (lb/oz): _____ Present weight: _____ **Pediatrician:** _____

Baby received Vitamin K injections? Yes No Type of birth? Home / Hospital
Does your baby have any heart disease? Yes No Vaginal / C-section
Has your infant had any surgery? Yes No Full term? Y / N How many weeks? ____
Is baby on medications? _____ Forceps/vacuum used? Yes No
Has patient had prior surgery to correct the tongue or lip tie? Was mom on anticoagulants during pregnancy? Y / N
If yes, when/by whom? _____ Torticollis / head position favoritism? Y / N
Jaundice? Yes No **Bodyworker:** _____

Baby's Symptoms

- Shallow latch at breast or bottle
- Falls asleep middle of feed
- Slides or pops off and on the nipple
- Gagging, choking, coughing while eating
- Poor or slow weight gain
- Hiccups often / hiccups in utero
- Gumming or chewing of your nipple when nursing
- Unable to hold a pacifier in his/her mouth
- Snoring, mouth breathing
- Short sleep cycles, wakes often, restless sleep
- Distended / bloated belly
- Lip curls under when nursing / bottle
- Clicking/smacking sounds: occasional / frequent (circle)
- Breast milk leakage from: mouth / nose / both (circle)
- Tongue feels like sandpaper against breast
- Lip blister
- Constipation / irregular stools
- Pant/breathe rapidly while nursing?
- Prolonged / incomplete feedings
- Colic (cries a lot) / reflux symptoms (lots spit up)
- Chronic Burping / flatulence (toots)

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
more on one side: _____
- How many times a day do you nurse? _____ How long per side: L ____ min R ____ min
- Supplementing with bottle to assist feeding: breastmilk / formula (circle)
- Poor or incomplete breast drainage (engorgement)
- Plugged ducts
- Mastitis or nipple thrush
- Milk supply: strong let down / adequate / losing supply
- Have you altered your diet? _____
- Nipple shield use? L / R both sides

Family history: Tongue Tie Lip Tie

Any other nursing concerns? _____

Anything additional we should know about baby or mother's health history? _____

How are you doing mentally / emotionally? _____

Parent's signature: x _____

Structural evaluation

Lip tie evaluation

- Attachment location: class IV (palatal) / class III (interdental) / class II (btw free/AG) / class I (mucosa)
- Notching on alveolar gum ridge
- Presentation: thick / thin / fibrous / fleshy / mixed corded / triangular
- Callus or blister on upper lip
- "Cobblestone lips" - dehydration
- Defined philtrum? Y / N
- Full / thin upper lip (circle)
- Upper lip curls up/ out (flanges)
- Upper lip stretches out to occlude nares
- Blanching gums with lift
- Muscle tone: tight / flexible
- Buccal ties

Report from lactation consultant

Consent Signed

Reviewed lifts with mom

Tongue tie evaluation

- Attachment location:
class IV (tip of tongue) / class III (anterior salivary ducts) / class II (base of tongue)
- Deep / hidden (seen with retraction: *submucosal*)
- Barrier to finger sweep: fence / speed bump
- Sore / blister on tip of tongue
- Coated white "milk tongue"
- Pancake gums
- Shape of tongue: notched / forked / heart / cupped / square / folds down / rounded / blunted
- Posterior tie: speed bump / tenting (eiffel tower) / fence / cord
- Short (0-5mm) / Medium (5-10) / long (>10mm)
- Lingual fiber: thin / wide corded / fleshy / mixed shallow / deep
- Finger suction: none / weak / strong / clamping down
- Tongue cycle: continuous progressive wave / short bursts with prolonged rest / humping push / pistons in and out
- Extension past vermilion border Y / N
- Elevation $\frac{2}{3}$ Y / N
- Lateralization Y / N
- Lower jaw: tension / tremors
- High palate / cleft? _____
- Epstein pearls
- Asymmetry in head (plagiocephaly) / face (jaw or eyes or mouth asymmetry)
- Head tilts (torticollis)
- Scratches / bruises / petechiae / port-wine stain

Dental provider's Signature _____