

## INFANT TONGUE & LIP-TIE ASSESSMENT

Use this assessment form to determine if your infant may be a candidate tongue-tie release. The more checkmarks, the more likely both mother and infant may be to benefit from the procedure.

### Has your infant experienced any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Shallow latch at breast or bottle             | <input type="checkbox"/> Gumming or chewing your nipple when nursing            |
| <input type="checkbox"/> Falls asleep while eating                     | <input type="checkbox"/> Pacifier falls out easily, doesn't like, won't stay in |
| <input type="checkbox"/> Slides or pops on and off the nipple          | <input type="checkbox"/> Milk dribbles out of mouth when nursing/bottle         |
| <input type="checkbox"/> Colic symptoms / Cries a lot                  | <input type="checkbox"/> Short sleeping requiring feedings every 1-2hrs         |
| <input type="checkbox"/> Reflux symptoms                               | <input type="checkbox"/> Snoring, noisy breathing or mouth breathing            |
| <input type="checkbox"/> Clicking or smacking noises when eating       | <input type="checkbox"/> Feels like a full time job just to feed baby           |
| <input type="checkbox"/> Spits up often? Amount / Frequency _____      | <input type="checkbox"/> Nose congested often                                   |
| <input type="checkbox"/> Gagging, choking, coughing when eating        | <input type="checkbox"/> Baby is frustrated at the breast or bottle             |
| <input type="checkbox"/> Gassy (toots a lot) / Fussy often             | How long does baby take to eat? _____   |
| <input type="checkbox"/> Poor weight gain                              | How often does baby eat? _____  |
| <input type="checkbox"/> Hiccups often                                 |   |
| <input type="checkbox"/> Lip curls under when nursing or taking bottle |   |

### Do you have any of the following signs or symptoms?

- |   |  |
|---|--|
| <input type="checkbox"/> Creased, flattened or blanched nipples | <input type="checkbox"/> Poor or incomplete breast drainage          |
| <input type="checkbox"/> Lipstick shaped nipples                | <input type="checkbox"/> Infected nipples or breasts                 |
| <input type="checkbox"/> Blistered or cut nipples               | <input type="checkbox"/> Plugged ducts / engorgement / mastitis      |
| <input type="checkbox"/> Bleeding nipples                       | <input type="checkbox"/> Nipple thrush                               |
| Pain on a scale of 1-10 when first latching _____               | <input type="checkbox"/> Using a nipple shield                       |
| Pain (1-10) during nursing: _____                               | <input type="checkbox"/> Baby prefers one side over other ____ (R/L) |