

ADULT TONGUE-TIE ASSESSMENT

Use this assessment form to determine if you may be a candidate for tongue-tie release. The more checkmarks, the more likely you may be to benefit from a functional approach to tongue tie release.

Have you experienced any of the following issues?

Speech

- Frustration with communication
- Difficult to understand by others
- 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 Talk"

Nursing or Bottle-Feeding Issues as a Baby

- Painful nursing or shallow latch
- Poor weight gain
- Reflux or spitting up
- Unable to hold pacifier
- Milk dribbling out of mouth
- Poor Supply
- Nipple shield required for nursing
- Clicking or smacking noise when eating
- Other

Other related issues

- Neck or shoulder pain or tension
- TMJ Pain, clicking, or popping
- Headaches or migraines
- Strong gag reflex
- Mouth open /mouth breathing during the day
- Tonsils or adenoids removed previously
- Ear tubes previously
- Reflux (medicated or not)
- Hyperactivity / Inattention
- Constipation

Feeding

- Frustration when eating
- Difficulty transitioning to solid foods as baby
- Slow eater (don't finish meals)
- Graze on food throughout the day
- Packing food in cheeks like a chipmunk
- Picky with textures (which?) _____
- Choking or gagging on food
- Spits out food
- Other:

Sleep issues

- Sleeps in strange positions
- Moves around a lot at night (kicks)
- Wakes easily or often
- 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)