

Patient Name _____
Date of Birth _____
Referring Physician _____
Date of Visit _____

Frenotomy & Frenectomy

Which pharmacy do you use (phone # or address): _____

Lactation Consultant: _____

Medication Allergies _____

Current Medications (including over-the-counter, herbal, vitamins) _____

Past Medical History

Birth weight (lb/oz): _____

Present weight: _____

- Received Vitamin K injections? Yes No
Was your infant premature? Yes No if yes, Gestation age (wks): _____
Does your infant have any heart disease? Yes No if yes, _____
Has your infant had any surgery? Yes No if yes, _____
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