ADULT FOLLOW UP

Patient's Name: _____ Date of Birth: _____

Today's Date: _____ Date of Procedure: _____ Days Since Procedure:_____

INSTRUCTIONS: Please mark any previous issues that saw improvement. Anything that worsened, please write below.

Speech
__ Others understand speech better
__ Less embarrassed with communication
__ Less shy in social situations
__ Easier to speak fast or long sentences
__ Easier to get certain words out
__ Easier with sounds (which?)
_____
__ Get less tired when talking or reading aloud
__ Less stuttering
__ Less mumbling or speaking softly
__ Can talk or sing louder now
Anything worsened?

Feeding
__ Less frustration when eating
__ Easier to eat and swallow solid foods
__ Eating faster
__ Eating more food / better appetite
__ Finishing meals better/ less grazing on foods
__ Easier to swallow pills
__ Easier to clean teeth off with tongue
__ Less picky with textures (which?) _____
__ Less choking or gagging on food or liquids
__ Other:
Anything worsened?

Sleep issues
__ Less sleeping in strange positions
__ Less moving around at night (less restless)
__ Sleeping deeper and waking less often
__ Less need of a sleep appliance at night
__ Wake up less tired and more refreshed
__ Less grinding teeth while sleeping
__ Less sleeping with mouth open
__ Less snoring while sleeping
__ Less gasping for air or stopping breathing
Anything worsened?

Other related issues
__ Less neck or shoulder pain or tension
__ Less TMJ pain, clicking, or popping
__ Less headaches or migraines
__ Less mouth open/mouth breathing during the day
__ Less reflux   or   Less constipation
__ Can focus and pay attention better (less brain fog)
__ Less stress / anxiety
__ Easier to breathe through nose
__ Better kissing / intimacy
__ More flexible / can touch toes now
__ Easier to brush top teeth (after lip-tie release)
__ More cosmetic smile (after lip-tie release)

How much change did you see from the release? (circle one):

Speech

Significantly better / Somewhat better / No Change / somewhat worse / Significantly worse //   No prior issues

Feeding

Significantly better / Somewhat better / No Change / Somewhat worse / Significantly worse //   No prior issues

Sleep

Significantly better / Somewhat better / No Change / Somewhat worse / Significantly worse //   No prior issues