

Patient's Name: _____ Date of Birth: _____

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

Has your child experienced improvement or changes in any of the following issues?

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

Speech

- ☐ Easier to communicate
- ☐ Easier to understand by parents
- ☐ Easier to understand by others
- ☐ Easier to speak fast or long sentences
- ☐ Easier to get words out (not groping for words)
- ☐ Easier with sounds (which?) _____
- ☐ New words? _____
- ☐ Talking more (or more babbling)
- ☐ Less stuttering
- ☐ Less mumbling or speaking softly
- ☐ Less "baby talk"
- Anything worsened?

Sleep issues

- ☐ Less sleeping in strange positions
- ☐ Less moving around at night (less restless)
- ☐ Sleeping deeper and waking less often
- ☐ Less wetting the bed
- ☐ Wakes 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?

Feeding

- ☐ Less frustration when eating
- ☐ Easier to eat/swallow solid foods
- ☐ Eating faster
- ☐ Eating more food
- ☐ Finishing meals better/less grazing on foods
- ☐ Trying new foods
- ☐ Less packing food in cheeks (like a chipmunk)
- ☐ Less picky with textures (which?) _____
- ☐ Less choking or gagging on food
- ☐ Less spitting out food
- ☐ Less constipation
- ☐ Other: _____
- Anything worsened?

Other related issues

- ☐ Less neck or shoulder tension or pain
- ☐ Less TMJ pain, clicking, or popping
- ☐ Fewer headaches or migraines
- ☐ Less strong gag reflex
- ☐ Less mouth open/mouth breathing during the day
- ☐ Less reflux
- ☐ Walking or crawling better / more flexible
- ☐ Better attention span / less hyperactivity issues
- ☐ Easier to brush top teeth (after lip-tie release)
- ☐ More cosmetic smile (after lip-tie release)
- ☐ Easier to breathe through nose (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