

## Frenectomy Infant History

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

\_\_\_Male \_\_\_Female \_\_\_Home Birth \_\_\_Hospital Birth \_\_\_Vaginal \_\_\_C-Section Birth

Referring Physician/Therapist \_\_\_\_\_ Lactation Consultant \_\_\_\_\_

Which pharmacy do you use? \_\_\_\_\_ Medication Allergies \_\_\_\_\_

Current medications, including over-the-counter, herbal, vitamins \_\_\_\_\_

## Past Medical History

Birth weight (lb/oz) \_\_\_\_\_ Present weight (lb/oz) \_\_\_\_\_

Infants are usually given Vitamin K at birth to prevent bleeding in the first 8 weeks of life. Did you sign any waiver to refuse the administration of Vitamin K? Yes or 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 surgery? Yes No if yes, \_\_\_\_\_

Has patient had prior surgery to correct the tongue or lip tie? Yes No

If yes, when and by whom? \_\_\_\_\_

Are you presently breastfeeding Yes or No

If no, how long since you stopped breastfeeding? \_\_\_\_\_

Are you presently using a nipple shield? Yes or No

Are pumping breast milk? Yes or No

Are you supplementing using a bottle? Yes or No

Are you using a Supplemental Nursing System (SNS)? Yes or No

Do you or any immediate family members have any bleeding disorders? Yes or No

## Baby's Symptoms

- |                                                                                    |                                                                                 |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Poor latch                                                | <input type="checkbox"/> Short sleep episodes requiring feeding every 1-2 hours |
| <input type="checkbox"/> Falls asleep while attempting to nurse                    | <input type="checkbox"/> Only sleeping when hold upright                        |
| <input type="checkbox"/> Slides off the nipple when attempting to latch            | <input type="checkbox"/> Gagging when attempting to introduce solid foods       |
| <input type="checkbox"/> Colic symptoms                                            | <input type="checkbox"/> Milk leaking our sides of mouth during feedings        |
| <input type="checkbox"/> Reflux symptoms (Clicking, swallowing air during nursing) | <input type="checkbox"/> Apnea-snoring, heavy noisy breathing                   |
| <input type="checkbox"/> Poor weight gain                                          | <input type="checkbox"/> Waking up congested after nap or in the morning        |
| <input type="checkbox"/> Gumming or chewing of your nipple when nursing            |                                                                                 |
| <input type="checkbox"/> Unable to hold a pacifier in his or her mouth             |                                                                                 |

### **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
- Over supply of breast milk
- Under supply of breast milk
- Plugged ducts
- Mastitis or nipple thrush
- Feelings of depression

### **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 problem