



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 outsiders
 - 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?:

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
 - Other: _____
- 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?:

Other related issues

- Less neck or shoulder pain or tension
- Less TMJ pain, clicking, or popping
- Less headaches or migraines
- Less strong gag reflex
- Less mouth open/mouth breathing during the day
- Less reflux
- Better attention span
- Less hyperactivity issues
- Less constipation
- 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 // No prior issues

Feeding:

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

Sleep:

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

Looking back if you "had to do it all over again," would you?

Yes / Maybe (probably yes) / Unsure / Don't think so / Never