



AIRWAY HEALTH & TONGUE TIE CENTER
of OKLAHOMA

Today's Date: _____

Patient's Name: _____

Date of Birth: _____

Medical Conditions: _____

Any birth complications? _____

Heart Disease: _____

Bleeding Disorders: _____

Other: _____

Vaginal Birth / C-Section (Circle One)

Birth Weight: _____

Present Weight: _____

Present Weight: _____

Birth Hospital: _____

Male / Female (Circle One)

Medical History

Infants are usually given Vitamin K at birth. Did your child receive this shot? Yes / No

Was your child born premature? Yes / No If yes, how many weeks? _____

Infants are usually given Vitamin K at birth. Did your child receive this shot? Yes / No

Has your infant had any surgery? Yes / No

Has your infant experienced any of the following? Please check / circle / elaborate as needed:

- ___ Lip curls under when nursing or taking bottle
- ___ Gumming or chewing your nipple when nursing
- ___ Pacifier falls out easily, doesn't like, won't stay in
- ___ Milk dribbles out of mouth when nursing/bottle
- ___ Short sleeping requiring feedings every 1-2 hrs
- ___ Snoring, noisy breathing or mouth breathing
- ___ Feels like a full time job just to feed baby
- ___ Nose congested often
- ___ Baby is frustrated at the breast or bottle
- How long does baby take to eat? _____
- How often does baby eat? _____
- ___ Shallow latch at breast or bottle
- ___ Falls asleep while eating
- ___ Slides or pops on and off the nipple
- ___ Colic symptoms / Cries a lot
- ___ Reflux symptoms
- ___ Clicking or smacking noises when eating
- ___ Spits up often?
Amount / Frequency _____
- ___ Gagging, choking, coughing when eating
- ___ Gassy (toots a lot / Fussy often)
- ___ Poor weight gain
- ___ Hiccups often

Is your infant taking any medications? Yes / No Name of medication _____

Reflux? _____ Thursh? _____

Has your infant had a prior surgery to correct the tongue or lip tie? If yes, when, where, and by whom?

Do you have any of the following signs or symptoms? Please check / circle / elaborate as needed.

- Creased, flattened, or blanched nipples
- Lipstick shaped nipples
- Blistered or cut nipples
- Bleeding nipples
- Poor or inconstant breast drainage

- Infected nipples or breasts
- Plugged ducts / engorgement / mastitis
- Nipple thrush
- Using a nipple shield
- Baby prefers one side over other? R / L

Pain on a scale of 1-10 when first latching _____

Pain (1 - 10) during nursing: _____

Pediatrician: _____

Phone Number: _____

Lactation Consultant: _____

Phone Number: _____

