

Tongue Tie Questionnaire

Date: _____

Child's Name: _____

Parent(s): _____

DOB: _____

Contact #: _____

Gender: M or F

Person supplying information: _____

Reason for referral: _____

Insurance: _____

Background History

Yes

No

Not sure

Diagnosis of Tongue Tie

By Whom?

When?

Recommendations:

Ear Infections

Tubes

Torticollis (head persistently turned to one side)

Family History

Yes

No

Not sure

Anyone in the family TT (Parents, Grandparents, Aunts/Uncles, Both sides?)

Who?

Surgery?

Anyone suffer from TMJ, Migraines, Jaw Issues

Who?

Symptoms:

Notes:

Feeding/Eating History

Yes

No

Not sure

Noxious habits (finger/thumb sucking; pacifier use)

Early feeding difficulty

Bottle or Breast

Notes:

Pain when nursing for mother

Weight Issues

History of thrush

Reflux/Colic

Child's Name: _____

Feeding/Eating History (continued)			
	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Picky eater			
Avoids:			
Gagging/Choking			
Sensitive gag reflex			
Long time to eat			
Bite rather than lick ice cream			
Messy Eater/Noisy Eater			
Tongue thrust (based on swallow test if possible)			
Pulls lips in to clean (doesn't lick)			
Excessive drinking while eating			
Oral Assessment			
	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Drooling present			
When? (sleep, during day)			
Tongue always on bottom of mouth			
Frenulum visible during speech			
Tight upon palpitation			
High palate			
Narrow palate			
Lower teeth crowding			
Notes:			
Tonsils present			
Enlarged			
Able to hold tongue depressor with lips only (weak lip closure?)			
Lip tie present? Yes No Possible Can lip be pulled to tip of nose?			
Gap between upper teeth			
Dental visits difficult			
Notes:			
Tactilely defensive (teeth brushing etc.)			
Tooth decay			
Notes:			
OTHER: Buccal Ties			
Sacral dimple			
MTHFR mutation (cannot absorb folate)			
Movement/Appearance			
	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Tongue is able to surpass lips upon extension			
Tongue is able to elevate inside mouth Touch palate: Yes No			
Tongue is able to elevate outside of mouth ~ Circle: good minimal			
Tongue can poke into cheeks			
Tongue can touch corners of mouth upon extension			
Tongue can circumlocute lips			
Is tongue pointed down during extension			

Child's Name: _____

Oral Assessment (continued)	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Tongue Appearance			
Heart shape at tip			
Pulling			
Dimpling in center (have patient open mouth wide)			
Jaw involvement noted in above movements			
Notes:			
<i>Measurements using Quick Tongue Tie Assessment Tool (if possible)</i>			
Mouth Open Wide (MOW) measurement:			
Mouth Open Wide with Suction (MOWS):			
MOWS must = ½(or more) of MOW			
Lip Meter:			
Speech	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Errored			
Notes:			
Inflection impaired			
Intelligibility affected			
% intelligible ~ familiar: unfamiliar:			
Severity level of speech delay			
Speech has a hyponasal quality (perpetual cold)			
Progress (if speech has already begun)			
Sleeping/Breathing	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Mouth open during sleep			
Mouth open during day (mouth breathing)			
Snoring			
Sleeping problems/restless			
Complaints of pain upon waking/eating/chewing			
Give Symptoms of Tongue & Lip Tie Handout			
Give ASHA Leader Article			
Give Otolaryngology Information			
Give Ghaheri FAQ			
Add Kotlow/Ghaheri references to report			
Additional Notes:			