

# 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

<b>Feeding/Eating History (continued)</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
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			
<b>Oral Assessment</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
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? <b>Yes No Possible</b> Can lip be pulled to tip of nose?			
Gap between upper teeth			
Dental visits difficult			
Notes:			
Tactilely defensive (teeth brushing etc.)			
Tooth decay			
Notes:			
<b>OTHER:</b> Buccal Ties			
Sacral dimple			
MTHFR mutation (cannot absorb folate)			
<b>Movement/Appearance</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
Tongue is able to surpass lips upon extension			
Tongue is able to elevate inside mouth <b>Touch palate: Yes No</b>			
Tongue is able to elevate outside of mouth ~ <b>Circle: good minimal</b>			
Tongue can poke into cheeks			
Tongue can touch corners of mouth upon extension			
Tongue can lick lips ALL the way around			
Is tongue pointed down during extension			

<b>Oral Assessment (continued)</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Not sure</u></b>
Tongue Appearance			
Heart shape at tip			
Pulling			
Dimpling in center (have patient open mouth wide)			
Jaw involvement noted in above movements			
Notes:			
<b><i>Measurements using Quick Tongue Tie Assessment Tool (if possible)</i></b>			
Mouth Open Wide (MOW) measurement:			
Mouth Open Wide with Suction (MOWS):			
MOWS must = ½(or more) of MOW			
Lip Meter:			
<b><u>Speech</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Not sure</u></b>
Errored			
Notes:			
Inflection impaired			
Intelligibility affected			
% intelligible ~ familiar:                      unfamiliar:			
Severity level of speech delay			
Speech resonance affected. Could be hypo- or hypernasal			
Progress (if speech has already begun)			
<b><u>Sleeping/Breathing</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Not sure</u></b>
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:			