



Infant Lip & Tongue Tie Assessment

Patient Name: _____ Today's Date: _____

Current Age: _____ weeks _____ days Birth Weight: _____ Current Weight: _____

1. Additional medical history.

- a. Was baby born full term? _____
- b. Was baby born via c-section or delivered via vacuum extraction? _____
- c. Was Vitamin K injection (normally given immediately after birth) declined? _____
- d. Is there a family history of sickle cell? _____
- e. Was mother on any anticoagulants during pregnancy? _____
- f. Does baby have Torticollis or any facial/cervical asymmetry? _____
- g. Does baby have Pierre-Robin Sequence or micrognathic jaw? _____
- h. Does baby have a known heart condition or pant/breathe rapidly while nursing? _____
- i. Have you consulted with a Lactation Consultant or Speech Language Pathologist? If so please indicate name: _____

2. Has the baby experienced any of the following?

- a. ___ Poor or shallow latch
- b. ___ Blister-like lesion on upper or lower lip
- c. ___ Upper lip curled inward
- d. ___ Excessive gas (colic symptoms)
- e. ___ Regurgitation (reflux symptoms)
- f. ___ Poor weight gain
- g. ___ Gumming/chewing nipple when nursing
- h. ___ Milk coming out nose or side of mouth when nursing
- i. ___ Persistent white coated tongue
- j. ___ Short sleep cycles
- k. ___ Feeding more frequently than every 2 hours
- l. ___ Popping/clicking sound when nursing

3. Does the mother have any of the following symptoms?

- a. ___ Creased, flattened or blanched nipples after nursing
- b. ___ Cracked, bruised, blistered or bleeding nipples
- c. ___ Severe pain when infant attempts to latch
- d. ___ Poor or incomplete milk drainage from breasts
- e. ___ Infected nipples or breast (mastitis)
- f. ___ Clogged ducts

