



LASER CENTER FOR Pediatric Frenectomies

Today's Date _____

Child's Name _____ DOB _____ M/F _____

Birth Weight _____ Current Weight _____ Weight loss? Y N

If yes, how much? _____

Hospital Birth/Home Birth _____ Full Term? Y N Vaginal or C-Section? _____

Forceps/Vacuum Assisted? Y N

Mother – Do any of the following apply?

- Painful Nursing
- Mastitis
- Clogged Ducts
- Breast Swelling
- Thrush of the nipples

Are your nipples:

- Bruised
- Inverted
- Bleeding
- Flat/Flattened
- Cracked
- Blistered
- Misshaped
- Everted
- Blanched
- "Lipstick" Shaped

Have you altered your diet? Y N

If yes, why? _____

Do you use a shield to breastfeed? Y N

Right Left Both

How many times per day do you breastfeed? _____ How long per side? _____

Do you supplement with a bottle? Y N

Breast Milk _____ Formula _____ Both _____

Infant – Do any of the following apply?

- Previously diagnosed with lip tie
- Previously diagnosed with tongue tie
- Treatment for lip/tongue tie performed elsewhere

When _____ Where _____ How _____ Who _____

- Currently taking prescribed medication If so, please list _____
- Received Vitamin K shot
- Seen a Chiropractor or CST
- Favoritism for head position
- Posture/Shoulder Tension

When nursing:

- Feeding is prolonged
- Feeding is incomplete
- Baby bobs mouth on/off to latch
- Baby has crease mark on upper lip
- Baby falls off the breast and sleeps
- Baby slides off nipple
- Lip/Tongue feels weak
- Clicking noise/Loss of suction
- Lip/Tongue cycles through sucking and movement for a short time then stops and recycles
- Chronic Burping/Flatulence/Hiccups
- Distended/Bloated Belly

- Chronic Spitting Up/Gagging/Vomiting
- Baby shows signs of discomfort (i.e. arches back/clenches hands)
- Breast milk leaks from mouth/nose
- Sustained strong clamping latch
- Tongue feels like sandpaper
- Feels like baby is drinking/gulping

Are diapers: ○ Yellow ○ Green ○ Seeded ○ Mucous ○ Bloody

Any other nursing concerns: _____