

Frenotomy & Frenectomy

Which pharmacy do you use (phone # or address): _____

Lactation Consultant: _____

Medication Allergies: _____

Current Medications (including over-the-counter, herbal, vitamins): _____

Past Medical History

Birth weight (lb. /oz.): _____

Present weight: _____

Received Vitamin K injections?

Yes No

Was your infant premature?

Yes No if yes, Gestation age (wks.): _____

Does your infant have any heart disease?

Yes No if yes, _____

Has your infant had any surgery?

Yes No if yes, _____

Has patient had prior surgery to correct the tongue or lip?

Yes No if yes, when/by whom? _____

Baby's Symptoms

- Poor latch
- Falls asleep while attempting to nurse
- Slides off the nipple when attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Gumming or chewing of your nipples when nursing
- Unable to hold a pacifier in his or her mouth
- Short sleep episodes requiring feeding every 2-3 hours

Mother's Symptoms

- Creased, flattened or blanched nipples after nursing
- Cracked, bruised or blistered nipples
- Bleeding nipples
- Severe pain when your infant attempts to latch
- Poor or incomplete breast drainage
- Infected nipples or breast
- Plugged ducts
- Mastitis or nipples thrush

Family history of: Tongue Tie Lip Tie

Has your baby had any of the following?

- Weight loss/gain
- Nasal obstruction
- Swallowing issues
- Cyanosis (turning Blue)
- Breathing issues
- Reflux/vomiting/spitting up
- Bleeding problems

Parent Signature _____

Date _____

Physician Signature _____

Date _____