



London Tongue & Lip Tie Network: Adult Questionnaire

Patient's Name _____
Birth Date _____ Today's Date _____
Medical Issues _____
Medications taking _____
Allergies _____
Previous release of TOTs? Yes _____ No _____ Date _____

1. Have you, as a child or adult, experienced any of the following issues? Please check/circle and elaborate as needed.

Speech

____ Speech issues (slur, lisp)
____ Trouble with sounds (which?) _____
____ Difficulty speaking fast
____ Speech delay (when?) _____
____ Stuttering
____ Speech therapy (how long?) _____

Nursing or Bottle-Feeding Issues as a Baby

____ Were you breastfed? Until what age? ____
____ Were you bottlefed? Until what age? ____
____ Reflux or spitting up
____ Used pacifier? Until what age? ____
____ Non-nutritive sucking (Thumb/finger/clothing/nail biting)
____ Poor weight gain

Other Related Issues

____ TMJ pain, clicking/popping or locking
____ Headaches or migraine
____ Trigeminal nerve pain or fibromyalgia
____ Neck or shoulder pain/tension
____ Hypertension, heart failure, stroke, rapid heart rate
____ COPD, asthma, allergies, sinusitis
____ Memory issues, foggy thinking, dementia
____ Strong gag reflex
____ Mouth open/mouth breathing during the day
____ Tonsils or adenoids removed
____ Ear tubes
____ Depression/Anxiety
____ ADHD/ADD/ODD
____ Endocrine Disorders: Thyroid/Obesity/Erectile Dysfunction
____ Diabetes
____ Memory issues, foggy thinking, dementia

Feeding & Digestion

____ Prefers soft diet
____ Slow eater (doesn't finish meals)
____ Picky with textures (which?) _____
____ Choking or gagging on food
____ GERD, reflux, heartburn, ulcers, colitis
____ Constipation

Sleep Issues

____ Sleeps in strange position (head arched back)
____ Kicks and flails around at night
____ Wakes easily or often/Insomnia
____ Night terrors
____ Wets the bed
____ Wakes up tired and not refreshed
____ Grinds teeth while sleeping
____ Sleeps with mouth open
____ Snores while sleeping (how often?) _____
____ Gasps for air or stops breathing (sleep apnea)
____ Sweaty

Dental Issues

____ Cavities
____ Gum disease, bleeding gums, recession
____ Crowded or crooked teeth
____ Extracted teeth
____ Had expansion or fixed orthodontics

Anything else we need to know:

Physician _____
Medical Specialist(s) _____
Who referred you to us? _____