**Survey for Tethered Oral Tissues - Infants and Feeding**

Patient's name ___________________________________ Today's date _______/_______/______

Weeks at birth (gestation) __________________________ Date of birth _______/_______/_______

Birth weight ___________________ Current weight ___________________ as of__________________

Currently breastfeeding _________% of the time. Breastfeeding pain on a scale of 1-10 __________

Are you currently working with a lactation professional

Who?____________________________ Last appt.?________________ Next appt.?________________

Are you currently pumping? □Yes □No

How many ounces? ___________ How often?_____________

Are you currently taking prescription or over the counter medication or supplements for lactation?
If so, please list.______________________________________________________________________

**Baby is currently being fed (check all that apply):**

□ Breastmilk

- □ at the breast only
- □ with a shield
- □ with an SNS or other supplementation system

  How many ounces? ___________ How often?_____________
- □ In bottle

  How many ounces? ___________ How often?_____________

□ Formula or donor milk (circle one or both)

- □ in bottle

  How many ounces? ___________ How often?_____________
- □ in SNS or other supplementation system

  How many ounces? ___________ How often?_____________

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smart mouth
TARA ERSON, DMD

Has baby been prescribed medication for reflux or gas?_______________________________________

Is baby taking any over the counter medications for reflux or gas? ______________________________

Has baby received any chiropractic care?

By who?_____________________________________ How often?__________________________

Has baby received any feeding or oral motor strengthening therapy, (not including lactation counseling)?

By who?_____________________________________ How often?__________________________

**Baby's symptoms:**

- ◻ Unable to latch properly
- ◻ Slides off nipple
- ◻ Falls asleep quickly before finishing feed
- ◻ Gumming/chewing the nipple
- ◻ Clicking sounds while nursing
- ◻ Milk leaking from mouth while feeding
- ◻ Swallowing problems
- ◻ Short sleep episodes
- ◻ Unable to hold a pacifier in the mouth
- ◻ Unable to drink from a bottle
- ◻ Colic symptoms
- ◻ Reflux/vomiting/spitting up
- ◻ Gas
- ◻ Gags or chokes often
- ◻ Open mouth breathing
- ◻ Congestion
- ◻ Jaw spasms
- ◻ Poor weight gain
- ◻ Starts/stops feeding
- ◻ Wiggles or pulls away during feeding
- ◻ Favors one side (left or right)
- ◻ Makes breathing sounds (snoring,snorting)

**Mom's symptoms:**

- ◻ Severe pain when latching
- ◻ Severe pain once latched and through feeding
- ◻ Creased/flattened nipples
- ◻ Lipstick shaped nipples
- ◻ Cracked/bleeding/blistered nipples
- ◻ Poor or incomplete breast drainage
- ◻ Plugged/clogged ducts
- ◻ Nipple or breast infections
  - ◻ thrush ◻mastitis

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