

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_



## Post Procedure Follow up 1-2 Years

Please check all that apply

| <b>Breastfeeding Mother's Symptoms</b>   | <b>Improved</b> | <b>Same</b> | <b>Worse</b> | <b>N/A</b> |
|--|-----------------|-------------|--------------|------------|
| Abnormal nipple shape after feedings:  |                 |             |              |            |
| Issues with lumps in breast /clogged ducts:  |                 |             |              |            |
| Milk supply:   |                 |             |              |            |
| Breast feeding relationship/effectiveness:   |                 |             |              |            |
| My nipple pain:  |                 |             |              |            |
| <b>Infants Overall Symptoms</b>  | <b>Improved</b> | <b>Same</b> | <b>Worse</b> | <b>N/A</b> |
| Weight issues:   |                 |             |              |            |
| Excessive fussiness/Colic/gas:   |                 |             |              |            |
| Reflux/Frequent spit up:   |                 |             |              |            |
| Taking breaks and getting tired while feeding:   |                 |             |              |            |
| <b>Infants Breastfeeding Symptoms</b>  | <b>Improved</b> | <b>Same</b> | <b>Worse</b> | <b>N/A</b> |
| Difficulty getting latched on:   |                 |             |              |            |
| Maintaining a latch:<br>(on and off during feedings)                                   |                 |             |              |            |
| Clicking while feeding:  |                 |             |              |            |
| Frustration at the breast:   |                 |             |              |            |
| Extended feedings over 40 minutes:   |                 |             |              |            |
| Biting/Gumming the nipples:  |                 |             |              |            |
| Falling asleep during feedings:  |                 |             |              |            |
| <b>Bottle-feeding Symptoms</b>   | <b>Improved</b> | <b>Same</b> | <b>Worse</b> | <b>N/A</b> |
| Clicking while feeding:  |                 |             |              |            |
| Increased air intake:  |                 |             |              |            |
| Excessive leaking/dribbling:   |                 |             |              |            |
| Extended feedings over 30 minutes:   |                 |             |              |            |
| Choking/Coughing during feedings:  |                 |             |              |            |
| <b>Tongue Function Questionnaire</b>   | <b>Improved</b> | <b>Same</b> | <b>Worse</b> | <b>N/A</b> |
| Your child pushing most of their food out with their tongue rather than swallow it is: |                 |             |              |            |
| Gaging when trying to eat  |                 |             |              |            |
| Interest in eating solids  |                 |             |              |            |
| The amount of time it takes feed overall:  |                 |             |              |            |
| My child's tongue movement and function in my opinion is:                              |                 |             |              |            |

# Tell Us About Life After the Frenectomy



Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Often times, when people are presented with tough decisions, they refer to others' experiences to help them decide what action to take. Whether or not to put a child through any procedure is not an easy choice to make. We often get families who hold off on scheduling or struggle emotionally before coming in for the procedure because they are so scared or torn on what to do. We would love to make this process as easy and supportive as possible for our families. Telling us about your experience will help us improve our protocol and will also help encourage other families who may be scared, worried, or nervous about this process.

1. What was your child's diagnosis and how did you find out about it?
2. How was his/her diagnosis affecting them or you?
3. What was your overall experience the day of procedure like including your feelings and concerns?
4. What changes have you noticed after the procedure?
5. If you had a chance to explain to an undecided family why they should have this procedure what would you say?

Testimonials have proven to be words of encouragement for many families experiencing challenges with feeding issues. We believe mothers spreading awareness is going to be the biggest influence in getting other physicians to take this issue seriously.

I agree to allow Agave Pediatrics to use my testimonial with other families.

I allow Agave Pediatrics to show before and after pics with other families.

I would love to share my story online to help other families with tongue or lip tied children

Parents Name: \_\_\_\_\_ Signature: \_\_\_\_\_