

Patient Name: _____
 Date of Birth: _____
 Today's Date: _____



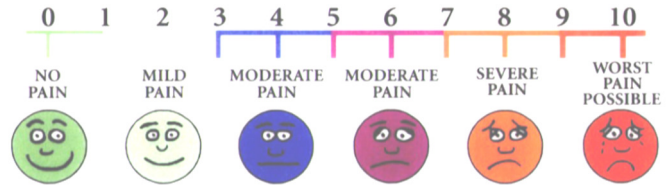
Feeding Evaluation 1-2 years

Please check all that apply

Breastfeeding Mother's Symptoms

- Mastitis
- Thrush
- Nipple pain
- Cracked nipples
- Clogged breast ducts
- Low milk supply
- Abnormal nipple shape after feeding

Please circle your pain level when breastfeeding



Infants Symptoms

Overall	Breastfeeding	Bottle-feeding
<input type="checkbox"/> Reflux/Frequent spit up <input type="checkbox"/> Excessive fussiness/Colic <input type="checkbox"/> Excessive Gas <input type="checkbox"/> Poor weight gain <input type="checkbox"/> Lip blisters <input type="checkbox"/> Thrush <input type="checkbox"/> Constipation <input type="checkbox"/> Loss of more than 10% of birthweight <input type="checkbox"/> Child gets tired taking breaks w/feedings <input type="checkbox"/> Strong Gag reflex	<input type="checkbox"/> Difficulty when latching <input type="checkbox"/> Unable to maintain latch <input type="checkbox"/> Shallow Latch <input type="checkbox"/> Clicking <input type="checkbox"/> Frustrated at the breast <input type="checkbox"/> Extended feedings over 40 min <input type="checkbox"/> Biting/Gumming nipples <input type="checkbox"/> Falling asleep during feedings <input type="checkbox"/> Unable to flange lips <input type="checkbox"/> Needs Nipple shield to latch	<input type="checkbox"/> Clicking <input type="checkbox"/> Increased air intake <input type="checkbox"/> Excessive leaking/dribbling <input type="checkbox"/> Extended feedings over 30 min <input type="checkbox"/> Choking/Coughing during feedings

Tongue Function Questionnaire

Yes

No

Has your child ever seen a specialist for feeding difficulties such as GI, Pulmonologist, Feeding therapist, etc.....?

If yes which ones: _____

Has your child ever had a swallow study?

If yes, was it abnormal?

Does your child push most of their food out with their tongue rather than swallow it?

Does your child often gag when trying to eat?

When eating solids does your child get upset or not seem interested during feeding time?

Can your child stick their tongue out past their lips?

Q&A

It is important for us to understand your family history and experience with feeding issues

Sex of baby (male or female)	
Gestational age when born	
Race/Ethnicity	
Complications with baby after birth	
Complications with mother after birth	
Was child in PICU/NICU If yes, how long?	
Are you breastfeeding?	
How long are you planning on breastfeeding baby?	
When did you first notice difficulty with breast feeding?	
Have you supplemented with formula If yes at what age?	
Do you pump? If yes, how often and how much do you produce in 24 hours	
Have you seen an IBCLC? If yes, how soon after child was born?	
Have you breast fed your other children before?	
If yes, how long did you breast feed other baby?	
Did you discuss breastfeeding issues with your child's Primary Provider?	
Do you have family history of tongue tie?	
If yes who? Was procedure done?	
Do you have family history of speech delay or problems with speech?	
Has baby had a previous tongue tie procedure?	
How did you hear about tongue ties and the procedure?	

CONSENT TO ACT AS A PARTICIPANT IN A RESEARCH REGISTRY

TITLE: Agave Pediatrics Tongue-tie Research Registry

PRINCIPAL INVESTIGATOR: Dr. Rajeev Agarwal

CO-INVESTIGATORS: Agave Pediatric Providers and Research Staff

SOURCE OF SUPPORT: Currently self-funded

Advancements in patient care have resulted from research involving the collection and analysis of health care records of patients with a certain disease or condition. It is anticipated that this will assist researchers with the review and study of medical records to answer questions about tongue-tie and its treatment.

If you agree to participate in the Agave Pediatrics Tongue-tie Research Registry the mother's report about breastfeeding and infants past, current and future health care record will be placed into the Research Registry. .

There will be no costs to you or your insurance provider to participate in this Research Registry.

No, you will not receive any payment for participating in this Research Registry.

Any information from your medical records that is placed into this Research Registry will be kept as confidential (private) as possible. In addition, you will not be identified by name in any publication of the results of research studies involving the use of your medical record information unless you sign a separate consent form (release) giving your permission.

Access to your identifiable medical record information contained within this Research Registry will be limited to investigators associated with the Agave Pediatrics and their research staffs. A current, complete listing of these individuals will be provided to you upon your written request.

CERTIFICATION OF INFORMED CONSENT

I certify that I have explained the nature and purpose of the Agave Pediatrics Tongue-tie Research Registry to the above-named individual, and I have discussed the possible risks and potential benefits of participation in this Research Registry. Any questions the individual has about this Research Registry have been answered, and the providers and research staff associated with Agave Pediatrics will be available to address future questions as they arise.

Patient Name

Parent Signature

Date