

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



## Post Procedure Follow up 2+ Years

Please check all that apply

Overall Symptoms	Improved	Same	Worse	N/A
Headaches				
Bad Breath				
Nasal Congestion				
Snoring				
Frequent thirst				
Constipation				
Mouth breathing				
Sleep Apnea				
Morning fatigue				
Eating & Tongue Function	Improved	Same	Worse	N/A
Sticking out tongue past lips				
Touching tongue to fronts of teeth				
Licking upper and lower lips				
My child's tongue movement and function in my opinion is:				
making a clicking noise with their tongue				
Picky eating / avoiding textures				
Taking a longer amount of time to eat				
Issues using a straw (biting, smashing, etc....)				
Difficulties using a sippy cup/cup (spilling/unable)				
Speech Issues	Improved	Same	Worse	N/A
Minimal or Quiet Talking				
Others unable to understand your child				
<b>Difficulty pronouncing or mimicking sounds</b>				
Dental Issues	Improved	Same	Worse	N/A
Difficulties with brushing teeth (allowing or wanting to)				
Bleeding gums				



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: \_\_\_\_\_