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## Adult Lip & Tongue Restriction Questionnaire

Patient's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Medical Issues: \_\_\_\_\_ Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Previous clip/release of tongue? \_\_\_\_\_ (date)  
Dentist: \_\_\_\_\_ Other Provider: \_\_\_\_\_  
Previous Therapies: \_\_\_\_\_ Occupation: \_\_\_\_\_  
What is your goal of this Assessment and/or Therapy? \_\_\_\_\_

### Speech

- Frustration with communication
- Difficult to understand by outsiders
- Difficulty getting words out (groping)
- Difficulty with rate of speech (too slow)
- Difficulty speaking fast
- Trouble with sounds (which?) \_\_\_\_\_
- Voice Quality Concerns \_\_\_\_\_
- Fatigue when speaking too long
- Speech therapy (how long?) \_\_\_\_\_
- Mumbling or speaking too softly
- Stuttering (Fluency)

### Nurse or Bottle-Feeding Issues as a Baby

- Painful nursing or shallow latch
- Poor weight gain
- Reflux or spitting up
- Unable to hold pacifier
- Milk dribbled out of mouth / messy eater
- Cried a lot / colic as a baby
- Nipple shield required for nursing
- Clicking or smacking noise when eating
- Mom unable to breastfeed you
- Other: \_\_\_\_\_

### Other Related Issues

- Neck or shoulder pain or tension
- TMJ Pain, clicking or popping
- Headaches or migraines
- Strong gag reflex
- Mouth open / mouth breathing during the day
- Tonsils or adenoids removed previously
- Ear tubes previously / lots of ear infections
- Reflux (medicated or not)
- Hyperactivity / inattention
- Constipation/Other GI Issues

### Feeding

- Frustration when eating
- Food gets stuck
- Slow eater (doesn't finish meals)
- Small appetite / Trouble gaining weight
- Grazes on food throughout the day
- Packing food in cheeks like a chipmunk
- Picky eater with textures (which?) \_\_\_\_\_
- Choking or gagging on food
- Spits out food
- Eats too fast or too slow
- Other: \_\_\_\_\_

### Sleep Issues

- Sleeps in strange positions
- Sleeps restlessly (moves a lot)
- Wakes easily or often
- Drools/Wet Pillowcase/Chapped Lips
- 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)

### Anything else we need to know?

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