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## **Tongue Restriction Questionnaire**

Patient's Name:	Birthday:		Today's Date:		
Medical Issues:					
Allergies: Pr		revious clip/release of tongue? (date		_ (date)	
Speech		Feeding			
Frustration with communication		Frustrat	Frustration when eating		
Difficult to understand by parents		Difficult	Difficulty transitioning to solid foods		
Difficult to understand by outsiders		Slow eater (doesn't finish meals)			
Percent of time you understand your child		Small ap	Small appetite / Trouble gaining weight		
Difficulty speaking fast		Grazes on food throughout the day			
Trouble with sounds (which?)		Packing food in cheeks like a chipmunk			
Speech delay (when?)		Picky ea	Picky eater with textures (which?)		
Speech harder to understand in long sentences		Choking	Choking or gagging on food		
Speech therapy (how long?)		Spits ou	Spits out food		
Mumbling or speaking softly		Won't t	Won't try new foods		
"Baby Talk"		Other:			
Nurse or Bottle-Feeding Issues	as a Baby	Sleep Issues	5		
Painful nursing or shallow latch		Sleeps in strange positions			
Poor weight gain		Sleeps restlessly (moves a lot)			
Reflux or spitting up		Wakes easily or often			
Unable to hold pacifier		Wets the bed			
Milk dribbled out of mouth / messy eater		— Wakes up tired and not refreshed			
Poor supply		Grinds teeth while sleeping			
Nipple shield required for nursing		Sleeps with mouth open			
Clicking or smacking noise when eating		Snores while sleeping (how often?			
Cried a lot / colic as a baby		Gasps fo	Gasps for air or stops breathing (sleep apnea)		
Other:					
Other Related Issues		Anything els	se we need to know?		
Neck or shoulder pain or ter	nsion				
TMJ Pain, clicking or poppin					
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