

Aftercare Instructions for Laser Revision of Tethered Oral Tissues

Post Op Behavior/Comfort

Discomfort may be experienced by some patients more than others and usually diminishes greatly after the first 2 days. There also may be a peak pain day noted around day 3-5 postop. A baby is likely to be fussy in the first week following the procedure. Some babies are very sleepy and some cry a lot when they are awake. It is not uncommon for patients to complain about an earache or a sore throat after the lingual frenectomy. Some things you can do to offer comfort to your baby include skin to skin contact, swaddling, taking a warm bath together, singing, and cuddling with your baby.

Infant Tylenol is offered prior to the procedure. If after 4 hours of the first dose, you feel your baby needs an additional dose, you may give 1.25mL (6-11 lbs and 0-3 months of age) or 2.5mL (12-17 lbs and 4-11 months of age). Tylenol dosages for older/heavier infants and children are 3.75mL (18-23 lbs) and 5mL (24-35lbs). **Please note that Infant Ibuprofen (Motrin or Advil) is NOT recommended for use under 6 months of age.** If your child is over 6 months of age, Tylenol and Ibuprofen can be alternated every 3 hours at the dosage recommended on the bottle. Ibuprofen lasts longer and provides an additional anti-inflammatory property that Tylenol does not.

You may apply a small amount of our Tongue Tie Tincture, coconut oil, breastmilk, breastmilk or formula ice chips, or cold water to your fingers prior to stretching if you wish. **For safety, AVOID Orajel, Hyland's teething gel, and any gels containing benzocaine products.** Pedialyte popsicles and frequent sips of cold water help with post op pain as well for older patients. Frequent hydration is of utmost importance postoperatively. Patients may eat soft foods as tolerated unless otherwise specified.

Bleeding/Drooling

Minor bleeding is expected during the procedure and during the exercises and stretches following the procedure. You may hold gauze pressure with wet gauze and/or a wet black tea bag to help stop bleeding when needed. **Afrin nasal spray** on a dry gauze with applied pressure can help control a more aggressive bleed. Contact our office if bleeding continues after holding pressure. It is not uncommon to swallow some blood, which may lead to spit up containing blood, darker stools, and/or nausea. You may also notice pink tinged saliva.

Stretches/Exercises

Your child now has mobility of his or her mouth and will need some help learning what to do with it. Also, we want to help the areas heal most effectively. The more your child moves their mouth, the more they are stretching the surgical areas and strengthening the muscles.

To ensure optimal results, it is **IMPERATIVE** to complete stretches with your child **4-6 times per day for a minimum of 4 weeks.** **Please note that sites that are sutured (stitched) are not to be stretched until instructed to do so at the 1 week postop appointment or until the sutures are dissolved.** It is, however,

important for parents to gently look at the sutured sites daily to be sure that the sutures haven't popped or that the wound has not reopened. If so, please contact our office for further guidance.

At the 4 week post op appointment, we will give guidance as to whether or not the stretches/exercises need to be continued based on your child's specific needs. Be sure to thoroughly wash your hands or wear gloves. Also be sure that your fingernails are short prior to the stretches. If both the lip and tongue were revised, we recommend you start with the lip each time you stretch since it is the easiest of the sites to stretch.

The wounds created are typically diamond shaped. This diamond has 3 dimensions (height, width, and depth). This is especially important for the tongue wound which is much deeper than the lip or cheek wounds. **Maintaining these 3 dimensions is the key to successful healing.**

LIP STRETCHES

For the upper lip, simply place your index fingers under the lip next to the diamond and pull it out and up towards the nose as high as it will go (until it bumps into resistance) then hold for 5 seconds. It is helpful to have the lower jaw partially closed to allow for maximum range of motion of the lip when stretching. Then gently sweep your finger over the wound from side to side for 1-2 seconds. Use your right index finger for the left side and your left index finger for the right side. Windshield wiper strokes inside of the cheeks are also recommended when cheek muscles are tight and before and after buccal frenums are released. Lip and cheek puffs may also be done to stretch and strengthen the orofacial muscles.

For the lower lip, the stretches are the same with the exception of pulling the lip out and down instead of up towards the nose.

TONGUE STRETCHES

1. **FORKLIFT:** Insert both pointer fingers under the tongue, folding back the tongue until you have a clear view of the diamond. Then use both index fingers to push the tongue back towards the airway, unfolding and lengthening the diamond. Hold for 5 seconds. Repeat 3 times. The key to success of this stretch is that your fingers are placed close enough to the diamond (fingers together) so that they do not separate and slip off of the tongue. If your fingers separate and go on either side of the diamond, your lifting pressure will be directed at the sides of the tongue and not at the diamond.
2. **C-STRETCH:** With one finger propping up the tongue, place your other finger on the tongue side of the alveolar ridge (behind where the lower 2 central incisors are or would be). Turn your finger sideways and use a lifting/swiping motion up and down along the vertical length of the wound from the base of the lower jaw to the tip of the tongue. Try to keep the diamond as open and as deep as possible. Use a lifting motion when you sweep through the diamond to separate the horizontal fold across the diamond. This stretch should not be forceful or rough within the wound.

3. **CORKSCREWS:** Place your index finger under the tongue between the inside of the lower jaw and the diamond (do not touch the diamond). Gently massage the floor of the mouth between the diamond and lower jaw. Then repeat on the opposite side of the tongue. This relaxes the musculature of the floor of the mouth. It is safe to use more pressure with these stretches because the stretch is not directly on the wound.

If sutures were placed at the revision site under the tongue, finger stretches typically are not needed to prevent reattachment in the first week following the procedure unless you have been instructed to work to keep the “Eiffel Tower” area incision open. To stretch the “Eiffel Tower” incision, apply pressure with your pointer finger down into the floor of mouth for 5 seconds as you see the “Eiffel Tower” incision open. Repeat 3 times. Take care not to poke directly at the sutured area of the main sublingual incision (if applicable). It is encouraged to check the sutured sites daily in the first week to be sure that stitches are intact and dissolving symmetrically. If not, please contact our office immediately for further advice.

Exercises that encourage elevation, lateralization, and extension of the tongue in conjunction with stretches will commence after the 1 week post op. Examples include licking a popsicle or lollipop, clucking, and practicing /L/ sounds.

Follow up with your child’s therapist is recommended within 3-10 days post revision as well as post op appointments with AIPD at 1 and 4 weeks.

SUCKING EXERCISES for infants may also be introduced pre and postoperatively to help disorganized feeders or those with incorrect or weak sucking patterns. We recommend these to be done before or after stretches and/or before feeds.

- Rub lower gum line from side to side and watch for baby’s tongue to follow your finger. This will help encourage tongue lateralization.
- Tug of War: Place your index finger in baby’s mouth with the pad of the finger against the palate. Let baby suck your finger and slowly try to pull it out of their mouth while they attempt to suck it back in; this strengthens your baby’s suck. Baby should be able to sustain a rhythmic suck while pulling your finger back to the soft palate without gagging or choking. If baby’s lips curl under while sucking, you may assist in flanging the lips back out to promote the best latch.
- While letting your baby suck your finger, apply gentle pressure to the palate while stroking forward (finger pad up). Turn the finger over slowly so that the finger pad is on the baby’s tongue and push down on the tongue while gradually pulling the finger out of the mouth. This exercise is helpful before latching baby to the breast.

FEEDINGS

Feeding patterns may be different in the days following the procedure. Your baby has a new mouth to get used to. Occasionally, they know just what to do with it, but usually it takes time and practice. On the day of the procedure and sometimes the day after, your baby may not eat as much as usual and may even skip some feedings or have feedings that seem shorter or longer than usual. Focus on responding to your baby’s cues and be flexible as things are changing. Always ensure baby is getting enough milk by counting wet and dirty diapers, but do not worry. If primarily breastfeeding, please don’t hesitate to use bottles or syringes if needed to ensure that your baby is adequately hydrated. These temporary changes are expected. Remember, it is a marathon, not a sprint!

ADDITIONAL SUPPORT

It is expected to need more support in helping your child become as effective as he or she can post revision. This will be new to you both as you are learning the proper feeding techniques and addressing any problematic issues. In order to gather both information and support, we suggest that you request to join the **LOUISIANA TONGUE TIE SUPPORT GROUP** Facebook Page where our doctors are listed as preferred providers. We strongly recommend that you seek out further support beyond our care within 48-72 hours of the procedure and anytime it should be needed thereafter. At the time of your child's lactation or speech and feeding evaluation, their therapist would have set goals that should be met to ensure that the best results are achieved.

RECOMMENDED RESOURCES

Lactation

Baton Rouge

-Bodyworks Therapy Specialists (225) 366-8016

Erin Collins MA, CF-SLP,CLC

Kirsten Pecquet MCD,CCC-SLP

-Baton Rouge General (225) 763-4127

-Magnolia Lactation (225) 230-9054 *call or text

Amanda Western BSN,RN,IBCLC *offers in home lactation consulting

-Ochsner O'Neal (225) 755-4448

-Ochsner The Grove (225) 761-5467

-Woman's Hospital (225) 924-8239

-Baton Rouge Birth Services (225) 333-8410

Lauren Standridge *offers in home lactation consulting

New Orleans/Metairie

-Lakeside Lactation (504) 780-8282

Lafayette/Opelousas

-Opelousas General Hospital (337) 316-7354

Lauren David, IBCLC *offers in home lactation consulting

-Pediatric Therapy and Learning Center (337) 504-4244

Jeanne Pichoff, OT/CLC

Houma and Thibodaux

-TGMC (985) 232-5891

Pamela Folse or Candice Pitre

Occupational Therapy

Baton Rouge

-Woman's Hospital (225) 955-5070

Teresa Miller, OT

-NeuroTherapy Specialists (225) 272-0150

-Baton Rouge General Pediatric Rehabilitation Center (225) 381-6527

-Abilities (225) 292-4138

Prairieville

-Center for Pediatric Therapies (225) 744-1717

Stephanie Hoffman, MOT, LOTR

New Orleans

-Crane Rehab (504) 866-6990

Lafayette/Opelousas

-Pediatric Therapy and Learning Center (337) 504-4244

Jeanne Pichoff, OT/CLC

Houma/Thibodaux

-Sensory Solutions (985) 665-7575

Ashley Waguespack MS/LOTR *also offers in home lactation consulting

SPEECH AND FEEDING THERAPY

Baton Rouge

-Baton Rouge General (225) 381-6527

Megan Dewberry MA, CCC/SLP

Crista Stephens MS, CCC/SLP

Kara Coe MCD, CF-SLP

-BodyWorks Therapy Specialists (225) 366-8016

Erin Collins MA, CF-SLP,CLC

Kirsten Pecquet MCD,CCC-SLP

-LSU Feeding Clinic (225) 578-9054

Courtney Gonsulin MS, CCC/SLP

Melissa Lalonde MA, CCC/SLP

-Abilities (225)292-4138

Margaret Reed MA

-Center for Pediatric Therapies (225) 744-1717

-Comprehensive Speech Therapy (225) 248-0477

Megan Stout M.ED/CCC/SLP

-Dynamic Therapy Specialists (225) 767-5032

Prairieville

-Thrive Therapies (225) 283-4860

Danelle Augustine

Denham Springs

-Launch (225) 380-1894

New Orleans

-Crane Rehab (504) 866-6990

Anna Weller MS, CCC/SLP

Rebecca Kleinpeter MS, CCC/SLP

-Ochsner (504) 842-4022

Camille Steiden SLP

Slidell

-Grow Therapy Services (985) 243-0660

Kelsey Brasseaux

Hammond

-North Oaks Hospital (985) 230-6160

Covington

-Live Oak Children's Center (985) 230-6160

Laura Fuller MA, CCC/SLP

St. Tammany

-Dea Frederick M.S. (985) 373-5448

Lafayette/Opelousas

-Moureau Physical Therapy (337) 942-2218

Christie Rowzee SLP

-Redwood Speech and Feeding Specialists (337) 242-7931

Ashley Pilon MA, CCC/SLP

Lake Charles

-Hope Therapy (337) 478-5880

Sonya Brooks MA, CCC/SLP

-Magnolia Pediatric Therapy (337) 419-0086

Kacie Peterson MA, CCC/SLP

Megan Musso SLP

Houma/Thibodaux

Holly Grabert MA, CCC/SLP (225) 229-4047 *also offers in home therapy and myofunctional therapy

BODYWORKERS

-Bodyworks Therapy Specialists (225) 366-8016

Ashley Larson PT, C/NDT, COM *specializes in orofacial myology

-Core Chiropractic Clinic (225) 313-064

Dr. Josh Blanchard

-Elite Chiropractic (225) 324-4308

Candace Bozeman DC

-Optimized Living Institute (225) 339-9911

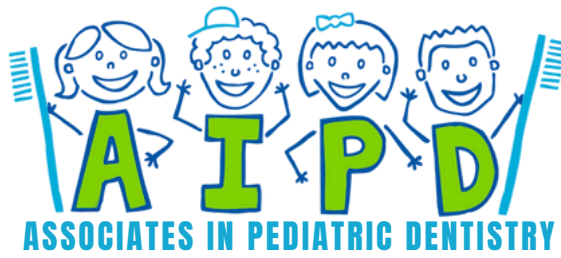
Rebekah Bruner DC

-Craniosacral Therapy - Myra Buller, CST (504) 495-6855

MASSAGE THERAPY

-Therapy Center of Round Rock (225) 218-6859

Jessica Moench LMT,CPMT



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· Courtney Brashier, DDS · Elizabeth Auld, DDS- General Dentist

FRENECTOMY INFORMED CONSENT

RISKS OF PROCEDURE

While the majority of patients have an uneventful procedure and recovery, a few cases may be associated with complications. There are some risks/complications, which can include:

- Bleeding either at the time of the procedure or in the first 2 weeks after.
- Infection
- Pain
- Scarring
- Allergic reactions
- Injury to the base of the tongue or the sublingual salivary gland, which sits below the tongue. This may require further surgery.
 - Dehydration. It is extremely important to keep your child hydrated postoperatively.
 - Injury to the teeth, lips, gums, tongue, cheeks, and/or eyes.
 - Burns from the equipment on skin or mucosa
 - Frenum reattachment requiring further surgery
 - Bruising, swelling and inflammation, especially of upper lip
 - Transient numbness in lips, teeth, or tongue
 - Fire due to laser use in proximity to combustible gases

PARENTAL CONSENT

I acknowledge that my child will undergo the procedure while the parents remain in the waiting area, if applicable. I am aware that it is not uncommon for my child to be fussy for up to a week after the procedure. It is also not uncommon to see bloody spit up after the procedure as well as stools that are unusual in appearance or darker in color due to swallowed blood. I acknowledge that the doctor has explained my child's condition, the procedure and its risks, and treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that no guarantee has been made that the procedure will improve the condition and that the procedure may make my child's condition worse. By signing this consent, I indicate that I have the legal authority to grant this permission. I also agree to pay all fees and have given Associates in Pediatric Dentistry a complete medical history of my child.

On the basis of the above statements, I REQUEST THAT MY CHILD HAS THIS PROCEDURE.

Name of Patient: _____ Date: _____

Signature of Parent/Substitute decision maker: _____

Witness: _____ Doctor: _____

During office procedures, photographs or videos of interesting cases may be completed. We would like to have your consent to use these for research and educational purposes, such as lectures or professional articles, to advance breastfeeding and improvements in speech and feeding difficulties. Your child will not be identified in any photo.

I understand that photographs or video footage may be taken during my child's procedure, and these may be used for teaching health professionals.

Signature of Parent/Substitute decision maker: _____

I have been instructed and have had the opportunity to ask questions and gain additional information regarding my child's aftercare. I understand that I am accountable and responsible for the stretches/exercises given and recommendations regarding follow up care provided by the doctors of Associates in Pediatric Dentistry and any lactation consultants or therapists that have provided advice or services involved in the treatment of my child.

Initial: _____

A one week and four week post-op appointment will be scheduled for my child the day of the procedure. Both are included with the frenectomy fee. There will be a \$85 fee for any additional post-ops that may be needed. Stretching only visits are also available for \$50 per visit. If I am unable to make any of these appointments, I will call to reschedule.

Initial: _____

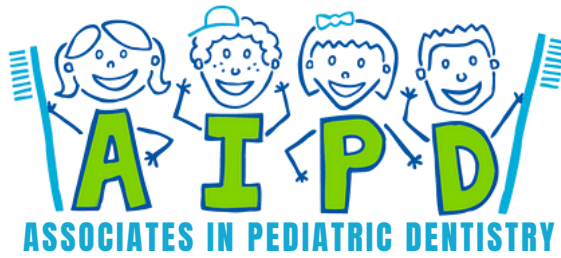
AS ALWAYS, PLEASE CONTACT OUR OFFICE WITH ANY UNRESOLVED PROBLEMS OR CONCERNS.



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Helpful Tips for Post-op Frenectomy Stretches

- Wash hands before and after stretching.
- Have Afrin nose spray and gauze available if needed to control any bleeding. Administer pain medication approximately 30 minutes prior to stretching.
- Start stretches at least 4 hours after the procedure (unless sutured) to maintain the patency of the opening.
- Sutured areas should not be stretched until the sutures are dissolved or until the 1 week post-op, whichever comes first. It is important, however, to check the sutured sites daily to be sure the sutures are still intact and dissolving appropriately. If you notice that the diamond has reopened in a previously sutured site, call your release provider or therapist ASAP to advise on next steps. Stretch 4-6 times per day for at least 4 weeks or until your release provider tells you otherwise.
- Find ways to ease yourself as well as the child.
- Establish as calm and soothing of an environment as possible.
- Positive facial expressions and praise are beneficial.
- “Play” in the mouth a bit before doing stretches.
- Play relaxing music, sing songs, make funny faces and silly sounds, count, and/or tickle for distraction.
- It may be helpful to swaddle your baby.
- If possible, have another person available to help hold the child’s head so the person performing the stretches is able to access the mouth more easily.
- If alone, try sitting on the floor with your legs stretched out in front of you in a V and laying the child on his/her back between your legs with the feet pointing away from you. Put the child’s arms under your thighs and the child’s legs under your legs to safely stabilize during stretching.
- To keep infants from associating pain with feedings, try to perform stretches during diaper changes, play time, and/or bath time.
- Wear latex-free or cotton gloves to provide a better grip and so the child does not associate pain with your touch.
- Gloves or fingers dipped in cold water or milk can provide comfort and reduce inflammation.
- You may freeze thin layers of breastmilk or formula in milk storage bags that can be used as “ice chips” and applied to release sites before and after stretching.
- Apply a homeopathic solution to release sites after stretching. Many may be refrigerated.



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Labial and Lingual Frenectomy

What is a Lip tie?

The piece of tissue behind your lip that connects it to the gum tissue is called the frenulum. When these membranes are too thick or too stiff, they can keep the lips from moving freely. This condition is called a lip tie. You can find this frenulum by pulling your child's lip gently away from their gums. The connective tissue makes a "v" shape where it connects from the inside of the lip to the gum tissue right above, in front of, and/or between where the 2 front teeth are or will erupt. This tissue often blanches white and can be uncomfortable to the patient when tension is put on it. A lip tie can cause infant feeding issues, speech issues, a gap between the front teeth, recession of gum tissue, discomfort with and difficulty brushing, and demineralized/decayed/loss of tooth structure due to trapped food, drinks, plaque and bacteria.

What is a Tongue tie?

The band of tissue under the tongue connecting it to the floor of the mouth is known as the lingual frenulum. Typically, the frenulum separates before birth, allowing the tongue to have full range of motion. Everyone has a frenulum, but in some people, it is especially tight or fails to recede and may cause tongue mobility problems. Tongue muscles are important for all oral functions. For this reason, having a tongue tie can lead to nursing, feeding, dental, orthodontic, sleep, breathing, and speech problems, as well as headaches and neck pain.

Procedure:

The procedure itself is relatively quick for each frenulum. The laser procedure is the preferred method of our doctors due to a more efficient revision as well as a lower probability of bleeding and healing back together too fast (reattachment).

For most children under the age of one, a swaddle wrap is used without sedation, and they are placed in our dental chair while being stabilized by an adult to minimize movement during the procedure. Eye protection is utilized. It is normal for the child to cry during the procedure because they are being swaddled and something is in their mouth other than food. Once the laser procedure is completed, the child is returned to the family to feed and review exercises/stretching.

In order to most appropriately manage both behavior and anxiety in a toddler through adolescent age range child, our doctors may suggest the use of conscious sedation or general anesthesia, which may require anesthesia personnel to be utilized. These methods of choice for behavior management allow for accuracy of the procedure and safety of your child by minimizing movement during the use of laser.

Topical numbing gel and/or local anesthesia may be used in conjunction with the laser procedure to manage discomfort where appropriate. Occasionally, sutures (stitches) may be placed to potentiate healing and prevent reattachment.

Team Approach:

Most cases are done in collaboration with a lactation consultant and/or therapist who performs a functional assessment prior to the procedure as well as provides pre-op/post-op therapy, wound management, and a home exercise program for best results. Each child's surgical and therapeutic care plans are tailored to their individual needs.



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Labial Frenectomy

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The connective tissue makes a "v" shape where it connects from the inside of the lip to the gum tissue right above, in front of, and/or between where the 2 front teeth are or will erupt. This tissue often blanches white and can be uncomfortable to the patient when tension is put on it.

Consequences of Untreated Lip Tie:

- A gap between the front teeth
- Recession of the gums
- Trapped food, drinks, plaque, and bacteria
- Discomfort and difficulty with brushing teeth
- Demineralized and decayed tooth structure
- Loss of tooth structure and tooth loss
- Dental infections

Procedure:

A frenectomy neatly severs the membrane connecting the lip to the gums. Soft tissue lasers are commonly used. Topical or local anesthesia is typically administered inside the lip before the procedure is performed. No sutures are needed for this revision when performed with a laser.

Healing:

Within the first 24-48 hours after the procedure, a grayish-white patch will form in the area where the incision was made with the laser. This is the space that was created for improved lip movement. This is NOT infection or thrush. In about 2-4 weeks, the tissue will return to its normal appearance but will ideally not attach as closely or as tightly to the gum line. Slight puffiness of the lip is also normal since the lip had to be held and pulled to complete the procedure and there is inflammation in the site of the initial incision.

Pain Control:

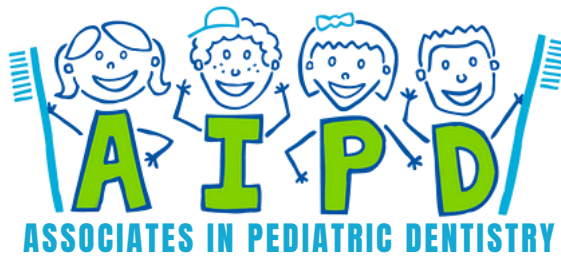
Discomfort may be experienced by some patients, especially during stretches, but usually diminishes quickly. Tylenol/Motrin can be alternated every 3 hours for pain if needed. It is recommended to take pain medicine 30 minutes prior to stretching. You may apply a small amount of coconut oil, homeopathic tincture, cold water, or breastmilk to your fingers before stretching. Cold items (such as popsicles or ice cubes) and frequent sips of cold water may help with inflammation and pain as well.

Stretches:

For the upper lip, simply place your index fingers under the lip next to the diamond and pull it out and up towards the nose as high as it will go (until it bumps into resistance). It is helpful to have the lower jaw partially closed to allow for maximum range of motion of the lip when stretching. Then gently sweep your finger over the wound from side to side for 1-2 seconds. Use your right index finger for the left side and your left index finger for the right side.

For the lower lip, the stretches are the same with the exception of pulling the lip out and down instead of up towards the nose.

It is very important to start stretching the lip area at least 4 hours after the procedure to maintain patency of the opening and to complete the stretches 4-6 times a day for at least 4 weeks or until your practitioner advises you otherwise. The mouth heals very rapidly, so the stretches and exercises help to keep the diamond opening from reattaching.



ASSOCIATES IN PEDIATRIC DENTISTRY
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 · Courtney Brashier, DDS · Elizabeth Auld, DDS- General Dentist

Pediatric Sleep Screening Questionnaire

Dr. Leroux would like for you to complete this form as accurately as possible. Dentistry can be an important part of assessing and managing your child's overall health and wellness. Many health problems can be caused by airway issues, including sleep disordered breathing and obstructive sleep apnea.

For each question, please choose: Yes / No / Don't Know	Y	N	DK
Does your child snore and/or snore loudly when sleeping?			
Does your child tend to breathe through the mouth during the day and/or night?			
Does your child get up one or more times during the night?			
Does your child breathe heavily, struggle to breathe, or stop breathing while asleep?			
Does your child occasionally wet the bed at night?			
Is your child hard to wake up in the morning?			
Does your child wake up with headaches in the morning?			
Have you (or a teacher) commented that your child appears sleepy during the day?			
Does your child seem restless, unable to sit still, or always "on the go"?			
Does your child often interrupt others, have difficulty staying focused or become easily frustrated?			
Does your child have any habits such as grinding, nail biting, finger sucking, or tongue thrusting when swallowing?			
Does your child toss/turn, sleep walk/talk, or have night terrors?			

Patients Name: _____

Form completed by: _____

Relationship: _____

Date: _____

Form reviewed by: _____ Date: _____