Southwest myofunctional therapy

**Sandraluz Gonzalez** *RDH, COM®, BBE*
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# Infant Screening

First Name: _____ MI: _____ Last Name: _____
DOB: _____/_____/_____
Examination Date: _____
Birth Weight: _____lbs._____oz Current Weight: _____lbs._____oz
Parent / Guardian Name (1): _____
Phone Number: _____
Parent / Guardian Name (2): _____
Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____

Lactation Consultant: _____
Pediatrician: _____
What is your chief concern today?
_____
_____

Family History (any frenulum alteration or lip/tongue releases) (_) yes (_) no
Who:_____ What:_____

Any other health problems your baby has experienced? (_) yes (_) no
What: _____

**Baby's Symptoms:**

Poor Latch (___)
Falls asleep while nursing. (___)
Slides off (___)
Colic Symptoms (___)
Reflux Symptoms (___)
Poor Weight Gain (___)
Short Sleep Periods (___)
Unable to hold a pacifier in their mouth. (___)

**Mother's Symptoms:**

Creased, flattened or blanched nipples after nursing. (___)
Cracked, bruised or blistered nipples. (___)
Bleeding nipples (___)
Pain when your infant attempts to latch. (___)
Poor or incomplete breast drainage. (___)
Infected nipples or breasts. (___)
Plugged ducts (___)
Gumming or chewing of nipples when nursing. (___)
Mastitis or nipple thrush. (___)

Family History of Tongue Tie? (_) yes (_) no Lip Tie? (_) yes (_) no

**Has your baby had any of the following?**

Weight loss/gain (___)
Swallowing issues (___)
Breathing issues (___)
Bleeding problems (___)
Nasal Obstructions (___)
Cyanosis (turning blue) (___)
Reflux/Vomiting/Spitting Up (___)

*I consent to the exam and evaluation and understand this is a screening of my child's potential lip/cheek/tongue restriction. I hereby expressly waive any and all claims which I might, at the time, have given Sandraluz Gonzalez, RDH, OMT, BBE, her employees, and agents, in any manner whatsoever relating to said testing. I acknowledge HIPAA regulations.*

_____
Parent / Guardian Name (Print)

_____
Parent / Guardian Signature

_____
*SANDRALUZ GONZALEZ* RDH, COM® , BBE