**Does your child have a tongue-tie?**

After submitting the quiz, you will receive the results via e-mail.

*A member of our team will follow-up 1-2 days after the initial e-mail with your results, to discuss your child’s symptoms further.*

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* First Last
* Baby Issues (Past or Present)
	+  Painful nursing or shallow latch
	+  Difficulty bottle-feeding
	+  Slow or poor weight gain
	+  Reflux or spitting up often
	+  Excessive gassiness or fussiness
	+  Prolonged feeding time at the breast or on the bottle
	+  Milk dribbling out of the mouth when eating
	+  Clicking or smacking noise when eating
* Child to Adult Issues
	+  Frustration with communication
	+  Trouble with speech sounds, hard to understand, or mumbling
	+  Speech delay
	+  Slow eater or trouble finishing a meal
	+  Picky eater, especially with textures (e.g. meat, mashed potatoes)
	+  Choking or gagging on liquids or foods
	+  Spitting out food or packing food in cheeks
	+  Crooked, crowded teeth, or highly-arched palate
	+  Thumb or finger sucking or prolonged pacifier use
	+  Restless sleep (kicking or moving while asleep)
	+  Grinds teeth at night
	+  Sleeps with mouth open
	+  Snores (quiet or loud)
	+  Jaw joint (TMJ) issues (popping, clicking, or pain)
	+  Frequent headaches or neck pain
	+  Mouth breathing during the day
	+  Enlarged tonsils and/or adenoids
	+  Recurrent ear infections
	+  Frequent sinus issues/upper respiratory infections
	+  Hyperactivity or inattention
* Email\*



* Phone\*



* Consent

 Can we contact you to discuss your results?

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