**ADULT FOLLOW UP**

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Procedure:\_\_\_\_\_\_\_\_\_\_\_\_\_ Days Since Procedure : \_\_\_\_\_\_\_

**INSTRUCTIONS**: Please mark any previous issues that saw improvement. Anything that worsened, please write below.

**Speech**

\_\_\_ Others understand speech better

\_\_\_ Less embarrassed with communication

\_\_\_ Less shy in social situations

\_\_\_ Easier to speak fast or long sentences

\_\_\_ Easier to get certain words out

\_\_\_ Easier with sounds (which?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Get less tired when talking or reading aloud

\_\_\_ Less stuttering

\_\_\_ Less mumbling or speaking softly

\_\_\_ Can talk or sing louder now

Anything worsened?:

**Feeding**

\_\_\_ Less frustration when eating

\_\_\_ Easier to eat and swallow solid foods

\_\_\_ Eating faster

\_\_\_ Eating more food / better appetite

\_\_\_ Finishing meals better/ less grazing on foods

\_\_\_ Easier to swallow pills

\_\_\_ Easier to clean teeth off with tongue

\_\_\_ Less picky with textures (which?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Less choking or gagging on food or liquids

\_\_\_ Other:

Anything worsened?:

**Sleep issues**

\_\_\_ Less sleeping in strange positions

\_\_\_ Less moving around at night (less restless)

\_\_\_ Sleeping deeper and waking less often

\_\_\_ Less need of a sleep appliance at night

\_\_\_ Wake up less tired and more refreshed

\_\_\_ Less grinding teeth while sleeping

\_\_\_ Less sleeping with mouth open

\_\_\_ Less snoring while sleeping

\_\_\_ Less gasping for air or stopping breathing

Anything worsened?:

 **Other related issues**

\_\_\_ Less neck or shoulder pain or tension

\_\_\_ Less TMJ pain, clicking, or popping

\_\_\_ Less headaches or migraines

\_\_\_ Less mouth open/mouth breathing during the day

\_\_\_ Less reflux or \_\_\_ Less constipation

\_\_\_ Can focus and pay attention better (less brain fog)

\_\_\_ Less stress / anxiety

\_\_\_ Easier to breathe through nose

\_\_\_ Better kissing / intimacy

\_\_\_ Easier to brush top teeth (after lip-tie release)

\_\_\_ More cosmetic smile (after lip-tie release)

**How much change did you see from the release? (circle one):**

**Speech**

Significantly better / Somewhat better / No Change / Somewhat worse / Significantly worse // No prior issues

**Feeding**

Significantly better / Somewhat better / No Change / Somewhat worse / Significantly worse // No prior issues

**Sleep**

Significantly better / Somewhat better / No Change / Somewhat worse / Significantly worse // No prior issues

**Looking back, if you “had to do it all over again,” would you?**

Yes / Maybe (probably yes) / Unsure / Don’t think so / Never