

FRENECTOMY QUESTIONNAIRE

Is this your first child? Yes / No

Child's Date of Birth: _____

How often do you nurse? _____

How long does each nursing session last? _____

Is your baby losing weight or having difficulty gaining weight? _____

Birth Weight: _____

Current Weight: _____

Are you experiencing pain while breastfeeding? If so, please explain:

Are you currently using a nipple shield while nursing? _____

Do you notice your baby clicking while feeding? _____

Do you notice spilling or leaking from the corners of your baby's mouth while feeding? _____

Is your baby gassy or frequently spitting up or hiccupping? _____

Does your baby have a lot of body movement while nursing? _____

Are you supplementing? If so, please explain: _____

Who is your child's pediatrician? _____

What prompted you to seek treatment at Mahoney Family Dentistry?
