



New Patient Registration

Patient's Name: _____ Birthdate: _____
Gender ____ Age: _____ Preferred Name: _____
Cell: _____ Alternate Phone Number: _____
Email: _____
Address: _____
Physician: _____
Who referred you to us? _____

Medical History:

Do you have any medical conditions or concerns?

Any medications you are taking? _____

Any allergies to foods or medications? _____

Any previous surgeries or had frenum clipped previously? _____

Any other information we need to know?: _____

By signing below, I acknowledge that I have read and received the Notice of Privacy Practices, as mandated by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

To the best of my knowledge, I certify that the above information is complete and correct. I understand that it is my responsibility to inform this office of any changes in my medical status or any other information provided in this form.

I have authorization and ability to consent to treatment for myself. I do hereby request and authorize Alabama Tongue-Tie Center to examine and perform treatment if necessary.

Signature: _____ Date: _____

ADULT ASSESSMENT

Name _____ Date of Birth _____ Age _____ Today's Date _____

Medical issues: _____ Medications taking: _____

Allergies: _____ Previous clip or release of tongue? _____ (date)

1. Have you experienced any of the following issues? Please check or elaborate as needed.

Speech Issues

- Others have a hard time understanding speech
- Embarrassed with communication
- Shy in social situations
- Difficulty speaking fast
- Difficulty getting certain words out
- Trouble with sounds (which?) _____
- Speech delay (when?) _____
- Stuttering
- Jaw gets tired when talking or reading aloud
- Speech harder to understand in long sentences
- Speech therapy (how long) _____
- Mumbling or speaking softly
- Difficulty singing

Feeding Issues

- Breastfed or Bottle-fed as a baby
- Fussy, colicky, or "difficult" as a baby
- Frustrated when eating currently
- Slow eater (last one to finish a meal)
- Small appetite
- Graze on food throughout the day
- Pack food in cheeks
- Picky with textures (which?) _____
- Difficulty swallowing pills
- Choking or gagging on food or water

Breathing Issues

- Trouble breathing through nose
- Mouth open / mouth breathing during the day
- Tonsils or adenoids removed previously
- Sinus issues or sinus surgery
- Teeth extracted for braces
- Jaw surgery in past

Sleep Issues

- Sleep in strange positions
- Move around a lot at night
- Wake easily or often
- Poor quality sleep
- Wake up tired and not refreshed
- Sleep appliance or CPAP needed at night
- Grind teeth while sleeping
- Sleep with mouth open
- Snore while sleeping (how often) _____
- Gasp for air or stop breathing (sleep apnea)

Other Related Issues

- Neck or shoulder pain or tension
- TMJ Pain, clicking, or popping
- Headaches or migraines
- Strong gag reflex
- Prolonged thumb sucking
- Ear tubes previously or lots of ear infections
- Reflux (if so, medication?) _____
- Constipation
- Hyperactivity / inattention
- Stress or anxiety
- Trouble or pain with kissing / intimacy
- Don't hold chiropractic adjustments well

Anything Else We Need to Know:

Physician _____

Myofunctional Therapist _____

Who referred you to us? _____

Doctor's Signature _____





Dear Valued Patients,

We are delighted that you chose the Alabama Tongue-Tie Center for your child's tongue-tie or lip-tie procedure. A tongue or lip-tie is a relatively common condition in infants and children and can be diagnosed at any age. Restricted oral tissues can affect breastfeeding, bottle-feeding, sleep, solid feeding, speech, and other important functions now and in the future. Dr. Baxter will evaluate your infant or child for any oral restrictions. When the type of treatment has been decided, we can either complete the treatment at the same visit or at a later date. All financial arrangements will be discussed with you before treatment begins. We aim to offer the highest level of customer service and clinical excellence. We do not charge for any follow-up visits, buccal cheek ties if needed, or if the procedure needs to be re-done for any reason in the first year, so this investment in your child's health is all-inclusive.

We will provide you with a health insurance claim form to mail to your insurance company on your own to try to receive reimbursement. As a dental office, we are unfortunately considered out-of-network for medical insurance companies. We do not file the procedure with dental insurance because it is excluded since a tongue or lip-tie is considered a "congenital anomaly." (Please note: Medicaid and ALLKids do not provide any out-of-network benefits, so we cannot provide a form for you to receive reimbursement.) Unfortunately, some health plans do not cover the procedure (non-covered service) or have a high deductible, so there is no guarantee that filing a claim will result in reimbursement.

Recommended Treatment For Your Child: (For ATTC Staff Use)

Exam / Tongue-Tie Release / Lip-Tie Release / Buccal Tie Release / Nitrous Oxide

Your responsibility : \$ _____

Please let us know if you have any questions.

Sincerely,

Dr. Baxter and Team

By signing below, you agree to be responsible for payment of services rendered at Alabama Tongue-Tie Center, and you understand that payment is due in full at the time of service for the procedure.

Child's Name: _____ Birthdate: _____

Parent Name: _____ Today's Date: _____

Parent Signature: _____