



New Patient Registration

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender \_\_\_\_ Age: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Birthdate: \_\_\_\_\_

Cell: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Medical History:

Any medical conditions or concerns for your child?

\_\_\_\_\_  
\_\_\_\_\_

Any medications your child is 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 child's medical status or any other information provided in this form.

I am the parent or legal guardian of \_\_\_\_\_ and I have authorization and ability to consent to treatment for this child. I do hereby request and authorize Alabama Tongue-Tie Center to examine and perform treatment if necessary for the child named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Medical issues: \_\_\_\_\_ Medications taking: \_\_\_\_\_

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

**1. Has your child experienced any of the following issues? Please check or elaborate as needed.**

**Speech**

- Frustration with communication
- Difficult to understand by parents
- Difficult to understand by outsiders
- % Percent of time you understand your child \_\_\_\_\_
- Difficulty speaking fast
- Difficulty getting words out (groping for words)
- Trouble with sounds (which?) \_\_\_\_\_
- Speech delay (when?) \_\_\_\_\_
- Stuttering
- Speech harder to understand in long sentences
- Speech therapy (how long) \_\_\_\_\_
- Mumbling or speaking softly
- "Baby Talks" or uses baby voice

**Feeding**

- Frustration when eating
- Difficulty transitioning to solid foods
- Slow eater (doesn't finish meals)
- Small appetite / Trouble gaining weight
- Grazes on food throughout the day
- Packing food in cheeks like a chipmunk
- Picky eater/ with textures (which?) \_\_\_\_\_
- Choking or gagging on food
- Spits out food
- Won't try new foods
- Other: \_\_\_\_\_

**Nursing or Bottle-Feeding Issues as a Baby**

- Painful nursing or shallow latch
- Poor weight gain
- Reflux or spitting up
- Gassy (tooted a lot) as baby
- Milk leaked out of mouth / messy eater
- Poor milk supply
- Nipple shield needed for nursing
- Clicking or smacking noise when eating
- Cried a lot / colic as baby
- Other: \_\_\_\_\_

**Sleep Issues**

- Sleeps in strange positions
- Sleeps restlessly (moves a lot)
- Wakes easily or often
- Wets the bed
- Wakes up tired and not refreshed
- Grinds teeth while sleeping
- Sleeps with mouth open
- Snores while sleeping (how often) \_\_\_\_\_
- Gasps for air or stops 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 / pacifier use.
- Mouth open / mouth breathing during the day
- Tonsils or adenoids removed previously
- Ear tubes previously / lots of ear infections
- Reflux (medicated or not)
- Hyperactivity / Inattention
- Constipation

**Lip-Tie Issues**

- Difficult or fights to brush top teeth
- Top teeth don't show when smiling
- Gap between two front teeth
- Cavities on front teeth
- Trouble eating from a spoon/ flips spoon over
- Trouble with B,P,M or W sounds

**Any Other Issues or Concerns?**

Physician \_\_\_\_\_

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: \_\_\_\_\_