MILTON GEIVELIS, D.D.S., M.S., L.L.C.

106 W. Bartlett Ave.

Bartlett, Illinois. 60103

630.830.4931

Periodontics / Implants / Tethered Oral Tissues

Patient Name: _____ DOB: _____

Fathers Name : _____ DOB: _____

Mothers Name : _____ DOB: _____

Phone #'s _____

Referring Professional: _____

Lactation Consultant: _____

Orofacial Myotherapist: _____

Medication Allergies: _____

Current Medications: (Including Over The Counter, herbal, vitamins) _____

Past Medical History:

Birth Weight (lb/oz) _____ Present Weight: _____

Received Vitamin K injections: Yes:___ No: ___

Was your infant premature: Yes:___ No:___ If yes Gestational Age (wks) _____

Does your infant have heart Disease: Yes:___No:___ If yes: _____

Has your infant had any surgery: Yes:___No:___ If yes: _____

Has your infant had prior surgery to correct tongue or lip tie: Yes:____No:____

If yes, when/by whom: _____

Baby Symptoms:

__Poor Latch __Nasal Obstruction __Cyanosis (turning blue)

__Falls asleep while attempting to nurse

__Slides off nipple when attempting to latch

__Colic Symptoms __Breathing Issues __Bleeding Problems

__Reflux Symptoms __Swallowing Issues __Vomiting

__Poor weight gain ___ Weight Loss

__Gumming or chewing of nipple when nursing

__Unable to hold pacifier in mouth

__Short sleep episodes requiring feeding every 2-3 hours

Mother's Symptoms:

__ Creased, Flattened / Blanched Nipples post nursing

__ Cracked, bruised or blistered nipples

__ Bleeding Nipples

__Severe pain when infant attempts to latch

__Poor or incomplete breast drainage

__Infected nipples or breasts

__Plugged ducts

__Mastitis or nipple thrush

__Family history of Tongue or Lip Tie

Dr. Geivelis Signature: _____ **Date:** _____