



smileLYNN
PEDIATRIC DENTISTRY
CASEY LYNN, DMD. MS.

Patient's Name _____ Date of Birth: _____

Today's Date _____ Days Since Procedure : _____

Has your child experienced improvement or changes in any of the following issues?

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

Speech

- Easier to communicate
 - Easier to understand by parents
 - Easier to understand by outsiders
 - Easier to speak fast or long sentences
 - Easier to get words out (not groping for words)
 - Easier with sounds (which?) _____
 - New words? _____
 - Less Stuttering
 - Less mumbling or speaking softly
 - Less "baby talk"
- Anything worsened?:

Feeding

- Less frustration when eating
 - Easier to eat/swallow solid foods
 - Eating faster
 - Finishing meals better/less grazing on foods
 - Trying new foods
 - Less packing food in cheeks (like a chipmunk)
 - Less picky with textures (which?) _____
 - Less choking or gagging on food
 - Less spiting out food
 - Other:
- Anything worsened?:

Sleep issues

- Less sleeping in strange positions
 - Less kicking and moving around at night
 - Sleeping deeper and waking less often
 - Less wetting the bed
 - Wakes 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?:

- Less neck or shoulder pain or tension
 - Less TMJ pain, clicking, or popping
 - Less headaches or migraines
 - Less strong gag reflex
 - Less mouth open/mouth breathing during the day
 - Less reflux
 - Better attention span
 - Less hyperactivity issues
 - Less constipation
- Anything worsened?:

Other related issues

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