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Dr. Steve Christensen * Dr. Stephanie Christensen Dr. Ashley Swan * Dr. Stephanie Woolsey

Patient:	Date of Birth:
Parent (s) Name:	Phone Number:
Referring Provider:	nsurance:

Reason for frenectomy referral? (Please attach any additional pertinent information and pictures with the referral form.)

Frenulums of concern?
Lingual Maxillary (facial) Maxillary (buccal) Mandibular (facial) Mandibular (buccal)
Has the infant had Vitamin K prophylaxis?
No Yes Unknown
Injection Oral-1s the regimen complete? No Yes
Is the patient under care with an IBCLC?
\square No \square Yes, name:
ls a follow up appointment scheduled?
\square No \square Yes, when?
Is the patient currently undergoing any related therapy (craniosacral, PT, feeding, etc.)?
No Yes, what therapy?

History

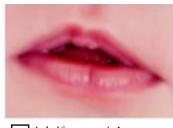
Is there any family history of any frenum alterations?				
\Box No (0) \Box Yes, (1)				
_				
Are there any other health concerns?				
□ No (0) □ Yes, (1)				
Breastfeeding:				
Time between feedings:	2 or more hours (0)	1 hour or less (2)		
Fatigue during feeding?	🗌 No (0)	\Box Yes (1)		
Sucks a little and sleeps?	🗌 No (0)	\Box Yes(1)		
Slíps off nípple?	\square No (0)	\Box Yes(1)		
History score:				

PART 1- ANATOMO-FUNCTIONAL EVALUATION

Martinelli Scale

1. Lip posture at rest





Half-open(1)



Open (1)

2. Tongue posture during crying



Midline (0)

Γ



Elevated (0)



] Midline with lateral elevation (2)



_ Down (2)

3. Shape of the tongue apex when elevated during the crying



Round or square (0)



V-shaped (2)



Heart shaped (3)

Martinelli Scale

4. Lingual Frenulum







□ Visible with maneuver*

*Maneuver: elevate and push back the tongue

If the frenulum is not visible, go to PART II (Non-nutritive sucking and nutritive sucking evaluations)

4.1 Frenulum thickness

] Visible





4.2 Frenulum attachment to the tongue



Midline (0)



Between midline and apex (2) 🔲 Apex (3)



4.3 Frenulum attachment to the floor of the mouth



Visible from the sublingual caruncles (0)



Visible from the inferior alveolar crest (1)

Score: _____

PART II-EVALUATION OF NON-NUTRITIVE AND NUTRITIVE SUCKING

1.	Non-nutritive sucking (little finger wearing gloves)		
	 1.1 Tongue movement adequate: coordinated movement inadequate: restricted tongue anteriorization, 	(0) (1)	
	uncoordinated movements and sucking delay		
2.	Nutritive sucking during breastfeeding		
	(when breastfeeding starts, observe infant sucking during five minutes)		
	2.1 Sucking rhythm (observe groups of sucking and pauses)		
	several sucks in a row followed by a short pause	(0)	
	a few sucks followed by a long pause	(1)	
	2.2 Coordination among sucking/swallowing/breathing	g	
		iciency and sucking, swallowing and breathing	
	functions without stress)		
	inadequate (1) (cough, chocking, dyspnea, re	egurgitation, hiccup, swallowing noises)	
	2.3 Nipple chewing No (0) Yes (1)		
	2.4 Clicking during sucking No (0) Yes (1)		

Non-nutritive sucking and nutritive sucking score:

Total Scores:

Anatomo-function + non-nutritive and nutritive sucking:

History + anatomo-function + non-nutritive and nutritive sucking: