Stony Brook Medicine

Cleft Palate/Craniofacial Case History Attachment

Name:_____

Pediatrician:_____ **Plastic Surgeon :** _____
ENT:_____ **Orthodontist:**_____
Other Specialists:_____

Type of Cleft
Lip: □Both sides □Left □Right
□Complete □Incomplete Date of repair:_____
Palate: □Hard and Soft Palate □ Soft Palate □Submucous
Date(s) of repair:_____

Feeding □Breastfed □ Bottlefed age discontinued _____
List age your child: Drank from a cup_____ Ate solids_____
Current diet and management:_____
_____

Status of physical management of palate: □Un-operated □Surgically Repaired
□Pharyngoplasty □Pharyngeal Flap □Prosthesis / Pharyngeal Bulb

Please list below all surgical procedures along with the date and surgeon's name:
Surgery Date Surgeon

Please describe the child's speech and how the surgeries or appliances have changed his/her speech or eating:_____
_____
_____

Please check all that describe the child's voice: □Nasal □Harsh □Hoarse
□Hyponasal (sounds like they have a cold) □High/low pitch □High/low volume
Does the child: □Mouth breath □Snore
Comments:_____
_____
_____