

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

Therapedia #: \_\_\_\_\_



**Thank you for choosing Therapedia! Please fill out the following information so we can best treat your child. On the day of the evaluation, please bring:**

- 1) All filled out forms**
- 2) Two foods your child typically eats**
- 3) Two foods your child used to eat but doesn't eat anymore**
- 4) Liquid your child typically drinks and cup he/she uses**
- 5) Two foods your child has difficulty with.**
- 6) Food Log of: 1 day at home and 1 day at school/daycare if applicable (see last page)**

**Current Feeding:** Main concern(s): \_\_\_\_\_

Age problem started: \_\_\_\_\_

**Feeding Problems:**

\_\_\_ volume limiting \_\_\_ picky \_\_\_ refusal \_\_\_ gagging \_\_\_ closes mouth/turns away  
\_\_\_ no signs of hunger \_\_\_ crying/irritable with meals \_\_\_ grazes \_\_\_ vomits \_\_\_ holds/pockets food  
\_\_\_ spits food out \_\_\_ Other: \_\_\_\_\_

**Appetite:** \_\_\_ Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Varies from day to day

Best time of day to eat \_\_\_\_\_; Average length of time for a meal: \_\_\_\_\_

**Other areas:**

Do you have problems brushing his/her teeth? \_\_\_ yes \_\_\_ no

Does he/she bring toys or hand to mouth? \_\_\_ yes \_\_\_ no As a baby? \_\_\_ yes \_\_\_ no

**Nutrition/ Growth History:** Weight \_\_\_\_\_ Height \_\_\_\_\_ Weight for Height \_\_\_\_\_

Concerns for weight gain or growth? \_\_\_ yes \_\_\_ no Loses weight when sick? \_\_\_ yes \_\_\_ no

Allergies: \_\_\_ **Food** : \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

**Gastrointestinal History**

**Past Current**

\_\_\_ \_\_\_ Frequent spitting up after meals or in between feedings

\_\_\_ \_\_\_ Frequent hiccups

\_\_\_ \_\_\_ Frequently shows signs of hunger but only feeds a few minutes because of discomfort

\_\_\_ \_\_\_ Difficulty swallowing

\_\_\_ \_\_\_ Arching the back during feeding

- \_\_\_ Irritability, persistent crying
- \_\_\_ Fussing after feeding
- \_\_\_ Signs of abdominal pain: drawing up legs, arching back
- \_\_\_ Sour burps or bad breath
- \_\_\_ Waking from sound sleep with screaming and/or writhing
- \_\_\_ Poor weight gain, poor growth
- \_\_\_ Wheezing or excessive coughing
- \_\_\_ Resisting all feedings or solid foods
- \_\_\_ Reflux
- \_\_\_ G-tube or nasogastric tube feedings (underline one or both)
- \_\_\_ Nissen fundoplication
- \_\_\_ Constipation
- \_\_\_ Diarrhea
- \_\_\_ Inconsistent stooling

Other Symptoms:

\_\_\_ vomits/spits up (how often \_\_\_\_\_); \_\_\_ retching, \_\_\_ gagging, \_\_\_ pain,  
 \_\_\_ drooling, \_\_\_ bad breath, \_\_\_ sleep problems, \_\_\_ gassy, \_\_\_ feeding problems

**Tests:** (please write date of test, and results below)

Upper Gastrointestinal (UGI): \_\_\_\_\_ pH probe \_\_\_\_\_ gastric emptying \_\_\_\_\_

Swallow Study: \_\_\_\_\_ Endoscopy \_\_\_\_\_

Results: \_\_\_\_\_  
 \_\_\_\_\_

**G-Tube Feedings:**

Formula: \_\_\_\_\_ Schedule:(\_\_\_ continuous \_\_\_ bolus \_\_\_ combination)

Day Schedule:(\_\_\_\_\_ cc over \_\_\_\_\_ minutes/hours); Night Schedule:(\_\_\_\_\_ cc over \_\_\_\_\_ minutes/hours)

**Ear Nose Throat/ Pulmonary History:**

\_\_\_\_\_ History of ear infections

\_\_\_\_\_ History of snoring

\_\_\_\_\_ Tonsils removed \_\_\_\_\_ Adenoids removed

\_\_\_\_\_ History of pneumonia, bronchitis, asthma, RAD X \_\_\_\_\_

\_\_\_\_\_ History of congestion in AM \_\_\_\_\_, after meals \_\_\_\_\_, or anytime \_\_\_\_\_

Other: \_\_\_\_\_

Please check off foods that your child currently eats. If your child previously accepted a food item but no longer eats the food, please underline that item. Feel free to write in specific brand names of food items to help with the analysis.

**Texture Preferences:**

- Crunchy
- Crisp
- Smooth
- Lumpy
- Uniform lumpy (i.e., cottage cheese)
- Hard
- Chewy
- Mixed consistencies

**Taste Preferences:**

- Salty
- Sweet
- Spicy
- Tart
- Flavored
- Bland

**Temperature Preferences:**

- Hot
- Warm
- Room Temperature
- Cold
- Cool

**Breads/Grains:**

- Bread:  white,  wheat,  rye,  potato,  rice,  gluten-free,  pumpernickel,  bagels
- Other baked breads:  breadsticks(plain/garlic),  Texas toast,  garlic bread,  hot rolls,  croissants,  crescent rolls,  biscuits,  cornbread,  burger/hotdog buns,  pizza crusts,  tortillas,  French bread
- Sweet breads:  banana bread,  apple bread,  muffins,  cake,  cupcakes,  pies,  pastries,  cheesecake,  cookies,  doughnuts,  sweet rolls,  cinnamon rolls,  caramel rolls
- Snacks:  pretzels,  cheese puffs,  snack mix,  chips - type(s): \_\_\_\_\_  
 crackers - type(s): \_\_\_\_\_
- Grains:  rice ( white,  brown),  quinoa,  amaranth
- Other: \_\_\_\_\_

**Pasta/Italian-style dishes:**

- Spaghetti,  Lasagna,  Spaghetti O's/Ravioli O's,  Casseroles (e.g., Hamburger Helper),  Couscous
- Noodle dishes: \_\_\_\_\_;  Pizza (toppings: \_\_\_\_\_)
- Other: \_\_\_\_\_

**Soups:**

- Chili,  Stew,  French onion,  Egg drop,  Chicken and rice,  Noodle ( beef,  chicken)
- Vegetable ( beef,  chicken,  other: \_\_\_\_\_),  Cheese (with vegetables: \_\_\_\_\_)
- Other: \_\_\_\_\_

**Meats:**

- Poultry:  Turkey,  Chicken ( baked,  fried,  strips,  nuggets)
- Fish ( fried,  baked/broiled) Type of fish: \_\_\_\_\_
- Beef ( steak,  roast,  ribs  deli-style,  hamburger,  veal,  sausage,  meatballs,)
- Pork ( chops,  ham,  ribs  bacon,  sausage,  meatballs,  hotdogs,  corndogs)
- Meat salad ( chicken salad,  ham salad,  tuna salad)
- Lunch meat (type: \_\_\_\_\_)
- Baby food:  meat sticks,  jarred meats(types: \_\_\_\_\_)

\_\_ Other: \_\_\_\_\_

**Nuts:**

\_\_ Peanuts, \_\_ Walnuts, \_\_ Cashews, \_\_ Pecans, \_\_ Almonds

\_\_ Nut butter: \_\_ peanut butter, \_\_ almond butter, \_\_ Nutella

\_\_ Other: \_\_\_\_\_

**Cheese/Dairy**

\_\_ Cheddar, \_\_ American, \_\_ Parmesan, \_\_ Swiss, \_\_ Monterey Jack, \_\_ Mozzarella, \_\_ Colby

\_\_ Cottage cheese, \_\_ Sour cream, \_\_ Cool Whip, \_\_ Whipped cream,

\_\_ Yogurt (type: \_\_\_\_\_)

\_\_ Ice cream (type: \_\_\_\_\_), \_\_ Sherbet (type: \_\_\_\_\_)

**Breakfast Foods:**

\_\_ Oatmeal, \_\_ Cream of Wheat, \_\_ Grits, \_\_ Pop-tarts( \_\_ frosted, \_\_ plain)

\_\_ Dry cereals (type: \_\_\_\_\_)

\_\_ Pancakes, \_\_ Waffles With fruit? \_\_\_\_\_ With syrup? \_\_\_\_\_

\_\_ Eggs ( \_\_ scrambled, \_\_ fried, \_\_ boiled, \_\_ poached, \_\_ omelet with: \_\_\_\_\_)

\_\_ Toast ( \_\_ butter, \_\_ cinnamon & butter, \_\_ jelly, \_\_ peanut butter, \_\_ honey (after age 2), \_\_ french)

\_\_ Breakfast Shakes (type: \_\_\_\_\_)

\_\_ Yogurt (type: \_\_\_\_\_), \_\_ Go-Gurt (type: \_\_\_\_\_)

**Potato Products:**

\_\_ French fries, \_\_ Tater tots, \_\_ Hash browns, \_\_ Potato wedges

\_\_ Baked potatoes, \_\_ Scalloped/au gratin potatoes, \_\_ Mashed potatoes (butter? \_\_\_\_\_ gravy? \_\_\_\_\_)

\_\_ Chips ( \_\_ potato, \_\_ shoestring potato sticks, \_\_ vegetable chips)

\_\_ Sweet potatoes ( \_\_ baked, \_\_ candied, \_\_ chips, \_\_ fries)

\_\_ Other: \_\_\_\_\_

**Vegetables:**

\_\_ Green beans, \_\_ Broccoli, \_\_ Cauliflower, \_\_ Corn, \_\_ Squash, \_\_ Cucumber, \_\_ Zucchini,

\_\_ Spinach, \_\_ Carrots, \_\_ Lettuce, \_\_ Coleslaw, \_\_ Cabbage, \_\_ Sweet potatoes, \_\_ Tomatoes,

\_\_ Asparagus, \_\_ Brussels sprouts, \_\_ Green pepper, \_\_ Onion, \_\_ Peas, \_\_ Salsa

\_\_ Vegetable baby food (what types? \_\_\_\_\_)

\_\_ Other: \_\_\_\_\_

**Fruits:**

\_\_ Apple, \_\_ Grapes, \_\_ Kiwi, \_\_ Banana, \_\_ Lemon, \_\_ Blueberry, \_\_ Lime, \_\_ Cantaloupe, \_\_ Orange,

\_\_ Cherry, \_\_ Tangerine, \_\_ Pear, \_\_ Pumpkin, \_\_ Watermelon, \_\_ Raisin, \_\_ Raspberry, \_\_ Strawberry,

\_\_ Tomato, \_\_ Dried fruit, \_\_ Other: \_\_\_\_\_

**Liquids:** NOTE: Please indicate how many total ounces per day your child drinks of each item.

\_\_\_ Juice: \_\_\_\_\_ Ounces/day ( \_\_\_ orange, \_\_\_ cherry, \_\_\_ berry, \_\_\_ grape, \_\_\_ fruit punch, \_\_\_ strawberry, \_\_\_ strawberry kiwi, \_\_\_ pear, \_\_\_ cranberry fruit cocktail, \_\_\_ white grape, \_\_\_ lemonade  
 \_\_\_ Milk \_\_\_\_\_ Ounces/Day ( \_\_\_ whole, \_\_\_ 2 percent, \_\_\_ skim), \_\_\_ milkshakes \_\_\_ flavored (type: \_\_\_\_\_)  
 \_\_\_ Soda \_\_\_\_\_ Ounces/day ( \_\_\_ cola, \_\_\_ lemon-lime, \_\_\_ orange, \_\_\_ grape, \_\_\_ root beer, \_\_\_ cream soda)  
 \_\_\_ Tea \_\_\_\_\_ Ounces/day ( \_\_\_ sweetened, \_\_\_ unsweetened, \_\_\_ with lemon), \_\_\_ Water, \_\_\_ Drinkable yogurt  
 \_\_\_ Caloric supplements \_\_\_\_\_ Ounces/day ( \_\_\_ chocolate, \_\_\_ vanilla, \_\_\_ strawberry) Type: \_\_\_\_\_  
 \_\_\_ Other: \_\_\_\_\_

**Condiments:**

\_\_\_ Ketchup, \_\_\_ BBQ sauce, \_\_\_ Steak Sauce, \_\_\_ Chili sauce, \_\_\_ Worcestershire sauce  
 \_\_\_ Mayonnaise ( \_\_\_ regular, \_\_\_ Miracle Whip), \_\_\_ Mustard ( \_\_\_ plain, \_\_\_ Dijon, \_\_\_ spicy, \_\_\_ honey)  
 \_\_\_ Salad dressings ( \_\_\_ Ranch, \_\_\_ Other: \_\_\_\_\_)  
 \_\_\_ Butter or margarine, \_\_\_ Gravy, \_\_\_ Chip dip (type: \_\_\_\_\_)  
 Other: \_\_\_\_\_

**Fast Foods:** \_\_\_\_\_

**Food Log:** Please write time of day and all foods and liquids presented for 2 days.

Home:

School/Daycare:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list your child's favorite foods/liquids:

- 1.
- 2.
- 3.

Please list your child's least-favorite foods/liquids:

- 1.
- 2.
- 3.

What goal foods would you like to see your child eat?

- 1.
- 2.
- 3.
- 4.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date