

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