Pediatric Therapy Link of North Alabama, LLC
97 Hughes Rd, Suite H; Madison, AL 35758

Complete this form only if your child is scheduled for an evaluation to address feeding concerns.

Client Name: ______________________ Date of Birth: ______________ Today's Date: ______________

1. Is your child now or has been in the past g-tube fed, N-G tube fed, and/or have a nissen fundoplication wrap?

2. Is your child's growth being impacted by his/her restricted diet or feeding skill concerns?

3. What is your child's current weight and height?

4. If your child is still on baby food, what stage foods does he/she currently eat?

5. If your child has transitioned to table foods, how is the food prepared (i.e., cut in small pieces, pureed, ground, or left intact)?

6. Does you child feed him/herself with a spoon and fork?

7. What type of cups does your child drink from?
Bottle ________ Breast ________ Sippy Cup ________ Straw ________ Open cup ________

8. Does your child have a history of gagging on food and/or smells? If yes, please explain.

9. Does your child have a history of aspiration?

10. Does your child have a history of cleft lip, cleft palate, or tongue tied? If yes, please explain and state if surgery to repair has been completed.

11. If your child has limited the types of foods eaten, at what age this did begin?

12. Were there any traumatic events or changes at the time of food limiting?

13. Where does your child sit during feeding times?

14. Is your child fed at regular times during each day? Please explain.

15. Is your child fed at the same time as other family members? Please explain.

16. Is your child currently being followed by a gastroenterologist, dietician, and/or allergist for feeding concerns

*****If possible, on the day of the evaluation, please bring along a 2 - 5 minute video of your child eating.**

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Feeding Log

Client name: **Date:**

Foods child currently eats:			
Food	Texture	Temp.	Brand Specific
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			

Current Liquids:
1
2
3
4
5
6
7
8
9
10
Allergies (Food Restrictions)
1
2
3
4
5
6
7
8
9
10
Foods To Explore:
1
2
3
4
5
6
7

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