

INITIAL FEEDING EVALUATION FORM:
For Feeding Referrals

Name: _____

Age: _____

Describe in detail your child's difficulties with eating: _____

1. Is there a family history of eating difficulties? Y N
If yes, please explain: _____
2. Is your child currently taking medications? Y N
If yes, please list: _____
3. Does your child have any allergies or intolerances to food? Y N
If yes, please list: _____
4. Has your child ever received medical testing or surgeries due to his/her eating difficulties? Y N
If yes, please list: _____
5. Does your child have any cardiac (heart) difficulties? Y N
6. Does your child have any pulmonary (lung, breathing) difficulties? Y N
7. Does your child have any known acid reflux? Y N
8. Does your child show any of the following symptoms:
 - a. Vomiting? Y N
 - b. Persistent cough? Y N
 - c. Wet sounding coughs? Y N
 - d. Limiting quantity of foods? Y N
 - e. Frequent ear infections? Y N
 - f. Gagging on foods? Y N
 - g. Spitting out foods? Y N
9. On average, how often does your child have a bowel movement (poop)?
2+/day 1x/day every other day 2x/week or less
10. What is the consistency of the stool (poop)?
Diarrhea/Runny really soft formed, but not too hard really hard hard, little pellets
11. What is your child's main source of nutrition?
Formula Breastmilk cow's milk solid foods other: _____
12. If you are using formula, which type or brand of formula are you using?

13. How much milk or formula does your child receive per day (in ounces)? _____ oz
14. Is your child currently going through a phase of putting everything in his/her mouth? Y N
15. Did your child previously go through a phase of putting everything in his/her mouth? Y N
16. Is your child able to **independently** complete the following gross motor skills:
 - a. Roll from side to side? Y N
 - b. Sit? Y N
 - c. Army crawl? Y N
 - d. Crawl on hands and knees? Y N
 - e. Pull to stand? Y N
 - f. Walk? Y N
17. Is your child able to eat the following types of foods:
 - a. Thin purees (baby cereal, broth soups, etc.)? Y N
 - b. Regular puree (Stage 1 baby foods, applesauce, etc.)? Y N
 - c. Thick puree (Stage 2 baby foods, peanut butter, etc.)? Y N

- d. Meltable solids (puffs, graham crackers, etc.)? Y N
- e. Soft Cubes (small pieces of avocados or bananas, etc.)? Y N
- f. Mechanical single texture (muffins, scrambled eggs, etc.)? Y N
- g. Mixed textures (soup with chunks, cereal with milk, etc.)? Y N
- h. Chewy textures (chicken, beef, fruit snacks, etc.)? Y N
- i. Hard textures (raw veggies, etc.)? Y N

18. Where is your child when he/she is eating? _____

19. What is your child sitting in when he/she is eating? _____

20. Who else is typically eating with your child (include if pets are part of mealtime)?

21. How often is your child presented with meals/snacks? _____

22. Do you allow your child to receive food whenever he/she asks? Y N

23. How long does your child typically stay sitting at the table for a meal? _____

24. Does your child feed himself/herself at mealtimes? Y N

25. What foods will your child eat? **Be specific:**

a. Starches (bread, rice, pasta, etc.):

b. Proteins (dairy, beans, meats, etc.):

c. Fruits:

d. Veggies:

26. What is your child's typical reaction to new foods? _____

27. Will your child tolerate eating their foods with a different presentation (example: cutting sandwich differently, changing the brand of the food)? Y N

28. Is your child willing to touch food? Y N

29. Does your child complain of smells of food? Y N

30. Is your child "OK" to get messy, in general? Y N

31. Does your child touch a variety of textures that are not food (grass, mud, dirt, sand, etc.)? Y N

32. Is your child able to use any of the following (if age-appropriate):

a. Bottle? Y N

b. Straw? Y N

c. Open cup? Y N

For Children on Feeding Tubes Only

1. What type of feeding tube does your child have? _____

2. How often is your child fed through the feeding tube per day? _____

3. What amount is fed through the feeding tube at a time, per feeding? _____

4. Will your child tolerate any eating by mouth? Y N

If yes, please explain: _____

5. Which type of feedings are you providing?

Continuous feeds

Bolus feeds

Mix of both