



Feeding Addendum

Our evaluation of feeding difficulties will depend on the detailed information about the client's past history. Please complete this form as thoroughly as possible so that the therapist can best serve the client's needs. If there are any items you do not fully understand, please indicate on the form and the details can be discussed during your appointment.

Child's name: _____ Today's Date: _____

Statement of the Problem

Specifically describe the feeding difficulties: _____

When was the problem first noticed? _____

How has the problem changed since you first noticed it? _____

What steps have been taken to improve the problem? _____

Describe any family history of other feeding difficulties: _____

Feeding Development

Give approximate ages for the following milestones:

Tolerate pureed solids: _____ Tolerate soft solids (pasta, banana): _____

Tolerate crunchy foods: _____ Tolerate meats: _____

Drinks from straw: _____ Drinks from cup: _____

Feed self with utensil: _____

Please indicate any of the following with which the child has difficulties:

Reflux Vomiting Gagging Difficulty transitioning to table foods

What foods does your child tolerate best? _____

What foods does your child tolerate least? _____

Describe child's behavior with disliked or new foods: _____

List any specialists previously or currently seen (GI, developmental pediatrician): _____

Behavior

Check all that apply to your child:

- Sleeping difficulties Attention difficulties Frustration when eating
- Toilet training difficulties Difficult to manage behavior Refusal/crying when eating