

# Children's Therapy Center



## Feeding Therapy

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Height: \_\_\_\_ ' \_\_\_\_ "      Weight: \_\_\_\_ lbs

How did you hear about us? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_      Emergency Contact Relationship: \_\_\_\_\_

What is the main reason you are seeking help for your child? \_\_\_\_\_

\_\_\_\_\_

### MEDICAL STATUS

Food or medical allergies: \_\_\_\_\_

\_\_\_\_\_

Illnesses currently being treated: \_\_\_\_\_

\_\_\_\_\_

Medications presently taken: \_\_\_\_\_

\_\_\_\_\_

### BACKGROUND

What are your primary concerns regarding your child's eating/drinking abilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever had a feeding evaluation/screening?     Yes     No

If yes, where and when? \_\_\_\_\_

Has your child received feeding therapy in the past?     Yes     No

If yes, where and when? \_\_\_\_\_

## Feeding Therapy (continued)

### BACKGROUND (continued)

Has your child received any other evaluation or therapy (counseling, physical therapy, occupational therapy)?  Yes  No

If yes, describe: \_\_\_\_\_

What do you see as your child's most difficult challenge at home? \_\_\_\_\_

Does your child...

Choke on food or liquids?  Yes  No

Put toys/objects in their mouth?  Yes  No

Brush their teeth and/or allow brushing?  Yes  No

### MEDICAL HISTORY

Has your child ever experienced any of the following?

Adenoidectomy  Yes  No

Sleeping difficulties  Yes  No

Tonsillectomy  Yes  No

Ear tubes  Yes  No If yes, when: \_\_\_\_\_

Encephalitis  Yes  No

Sinusitis  Yes  No

Frequent colds  Yes  No

Ear infections  Yes  No If yes, how often? \_\_\_\_\_

Seizures  Yes  No

Thumb/finger sucking  Yes  No

Allergies  Yes  No

Head injury  Yes  No

Vision problems  Yes  No

Other serious injuries/surgeries: \_\_\_\_\_

### FEEDING HISTORY

Food that your child eats: \_\_\_\_\_

Foods that you would like for your child to eat: \_\_\_\_\_