



\*\*\*\*Please plan to bring the following to your evaluation:

1. 2-3 preferred foods (different textures when possible)
2. 2 non-preferred foods (foods that patient does not like or struggles to eat)
3. Something your child will drink
4. Any preferred utensils (cups, spoons, straws, forks, plates the child uses consistently)

### Feeding Child History Form

Date: \_\_\_\_\_

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

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

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

Child's Address: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Sisters and Brothers in the household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Name of the person

completing this form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does your child have any food allergies or sensitivities that you are aware of? Yes No

If yes, which foods? \_\_\_\_\_

Are there any additional diet restrictions due to personal, cultural, or religious reasons that we should be respectful of? (Ex. Vegetarian, Vegan, Gluten-free, No pork) Yes No

\_\_\_\_\_

Does your child have a latex allergy? Yes No

Does your child have an allergy to food coloring? Yes No

If so, what color? \_\_\_\_\_

**6168 Bentridge Drive  
Hurst, TX 76054**

**370 S State Hwy 121 N.  
Ste. 105  
Coppell, TX 75019**

**7217 Hawkins View Dr.  
Ste. 201  
Fort Worth, TX 76132**

**430 N. Carroll Ave.  
Ste. 110  
Southlake, TX 76092**



**STATEMENT OF THE PROBLEM:**

Reason for referral:

---

---

---

Describe the problem:

---

---

---

Is this the first feeding evaluation for this child? Yes No

If not, who else has seen this child?

Who

When

Outcome

---

---

---

What skills do you hope your child will gain if therapy is warranted?

---

---

---

**MEDICAL HISTORY:**

Were there any problems during pregnancy, birth or delivery? Yes No

If so, please explain:

---

---

---

Was your child born prematurely? Yes No

If yes, at how many weeks? \_\_\_\_\_

Is there any history of medical concerns? Yes No

**6168 Bentridge Drive  
Hurst, TX 76054**

**370 S State Hwy 121 N.  
Ste. 105  
Coppell, TX 75019**

**7217 Hawkins View Dr.  
Ste. 201  
Fort Worth, TX 76132**

**430 N. Carroll Ave.  
Ste. 110  
Southlake, TX 76092**



Please describe any medical concerns, injuries, illnesses, or surgeries:

---

---

---

Has your child been evaluated by other professionals (i.e. Occupational Therapy, Physical Therapy, Psychology, etc.)? Yes No

If so, please explain:

---

---

---

Has hearing been tested? Yes No

Where? \_\_\_\_\_

When? \_\_\_\_\_

Results \_\_\_\_\_

\_\_\_\_\_

Please list any medications this child is currently taking:

---

---

---

---

#### FEEDING HISTORY

Has your child had an NG-tube, G-tube, Fundoduplication, or been NPO? Yes No

If so, please describe in detail

---

---

Has your child had a Modified Barium Swallow study? Yes No

Where? \_\_\_\_\_

When? \_\_\_\_\_

Results/Recommendations: \_\_\_\_\_

**6168 Bentridge Drive**  
Hurst, TX 76054

**370 S State Hwy 121 N.**  
Ste. 105  
Coppell, TX 75019

**7217 Hawkins View Dr.**  
Ste. 201  
Fort Worth, TX 76132

**430 N. Carroll Ave.**  
Ste. 110  
Southlake, TX 76092



Do you have to make modifications to foods during meals/snacks? Yes No

If yes, please circle which ones:

- |                        |                                 |
|------------------------|---------------------------------|
| Thickening Liquids     | Cutting food into smaller bites |
| Alternating food/drink | Multiple swallows               |

What equipment is currently used to feed your child? (check all that apply)

- Breast \_\_\_\_\_ If so, how frequent? \_\_\_\_\_
- Bottle \_\_\_\_\_ If so, list type(s) \_\_\_\_\_
- Open cup \_\_\_\_\_ Spoon \_\_\_\_\_ Sippy cup (hard) \_\_\_\_\_
- Straw \_\_\_\_\_ Fork \_\_\_\_\_ Sippy cup (straw) \_\_\_\_\_
- Squeeze packets \_\_\_\_\_
- Other \_\_\_\_\_

Do you use any special spoons, cups, nipples, etc. for feeding (i.e. latex covered spoon, preemie nipple, training cup, cut-out cup, etc.)? \_\_\_\_\_

Who usually feeds your child? \_\_\_\_\_

Where is your child fed (i.e. in a highchair, in your lap, in front of the TV, with reinforcers like the IPAD)? \_\_\_\_\_

How does your child react to new tastes, smells, and textures? (circle all that apply)

- |                            |                           |
|----------------------------|---------------------------|
| Refuses to touch new foods | crying/kicking            |
| Sensitive to smells        | throws food               |
| Vomiting                   | Gagging                   |
| Choking                    | Tries food when presented |
| Other: _____               |                           |

What does your child do if he/she doesn't like the food? Aversive response?

What do you currently do when a food is refused or your child gags or vomits?

**6168 Bentridge Drive  
Hurst, TX 76054**

**370 S State Hwy 121 N.  
Ste. 105  
Coppell, TX 75019**

**7217 Hawkins View Dr.  
Ste. 201  
Fort Worth, TX 76132**

**430 N. Carroll Ave.  
Ste. 110  
Southlake, TX 76092**



**FEEDING DEVELOPMENT**

Foods	Check all the foods that your child currently eats
Breast milk/bottle/formula	
baby cereal (rice cereal)	
Stage 1 baby food/smooth puree (fruits, vegetables, meats)	
Stage 2 baby food	
Whole milk	
Crunchies (crackers, Cheerios, Cheetos, etc.)	
table foods/soft mashed foods (mashed cooked carrots, etc.)	
meltable foods (yogurt melts, etc.)	
soft cubed foods (cubed cheese, etc.)	
soft mechanical foods (banana, etc.)	
Stage 3 foods/mixed texture (pizza, soup)	
soft table foods (chicken, green beans, etc.)	
hard foods (carrots, celery, etc.)	

**FEEDING SCHEDULE**

How many meals/snacks does your child eat per day? 1 2 3 4 more

How long does it take to feed your child? 20 mins 30 mins 40 mins  
60 mins or longer

What is the average amount of food and liquid your child eats/drinks during that time?

---

**6168 Bentridge Drive  
Hurst, TX 76054**

**370 S State Hwy 121 N.  
Ste. 105  
Coppell, TX 75019**

**7217 Hawkins View Dr.  
Ste. 201  
Fort Worth, TX 76132**

**430 N. Carroll Ave.  
Ste. 110  
Southlake, TX 76092**



What does a typical feeding day look like for your child?

Time	Food Offered	Amount Taken

Food likes include: \_\_\_\_\_

Food dislikes include: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

- Does your child dislike brushing hair or teeth?    Yes    No
- Does your child use a pacifier?    Yes    No
- Does your child suck his/her thumb, fingers, clothing?    Yes    No
- Can your child suck his/her fingers or hands or use hands to wipe food/saliva from his/her mouth?    Yes    No
- Does your child drool?    Yes    No
- Is your child currently mouthing on objects (toys, food, etc.)?    Yes    No
- Does your child mind having his/her face or hands dirty?    Yes    No

**INTEREST INVENTORY:**

What are your child's interests and favorite activities?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any fears (i.e. stuffed animals, loud noises)?

\_\_\_\_\_

Does your child receive special help in school?    Yes    No

If so, please explain: \_\_\_\_\_

**6168 Bentridge Drive  
Hurst, TX 76054**

**370 S State Hwy 121 N.  
Ste. 105  
Coppell, TX 75019**

**7217 Hawkins View Dr.  
Ste. 201  
Fort Worth, TX 76132**

**430 N. Carroll Ave.  
Ste. 110  
Southlake, TX 76092**



Is there anything else you wish to add that would help insure a positive testing experience for your child?

---

---

---

Thank you very much for your help and for the information you provided in this case history form. If you have questions before your intake or diagnostic appointments, please contact us at (817) 479-7019.

**6168 Bentridge Drive  
Hurst, TX 76054**

**370 S State Hwy 121 N.  
Ste. 105  
Coppell, TX 75019**

**7217 Hawkins View Dr.  
Ste. 201  
Fort Worth, TX 76132**

**430 N. Carroll Ave.  
Ste. 110  
Southlake, TX 76092**