

Does your child communicate in order to (check all that apply)

___ ask for wants/needs

___ ask questions/make requests

___ seek your attention

___ greet people

___ ask for help

___ share information

Describe mother's general health during pregnancy (illnesses, accidents, medications):

Was the child full term or premature? _____

Did your child spend time in NICU (if yes, how long?) _____

Any problems at birth or during first 2 weeks (jaundice, anoxia, weight, etc.):

Provide approximate age for the following illnesses, operations, conditions, and/or diagnoses?

Earaches: _____

Asthma: _____

Seizures: _____

Tonsillitis: _____

Chronic colds: _____

Tonsillectomy: _____

Head injuries: _____

Adenoidectomy: _____

Chicken Pox: _____

Cleft Palate/Lip: _____

Pneumonia: _____

ADHD: _____

Influenza: _____

Meningitis: _____

GI Issues: _____

Sinus Problems: _____

Feeding Disorder: _____

Cancer: _____

Diabetes: _____

Traumatic Brain Injury: _____

List any surgeries, hospitalizations, and/or accidents:

List any medications taken by your child: _____

What is the child's current overall health status? _____

Does

Provide approximate age for the following:

Sat independently	
Crawled	
Walked unaided	
Babbled	
First meaningful word	

If so, please describe: _____

Has your child ever received VFSS/MBS/FEES (swallow study)? If so, report results: _____

Does your child feed themselves _____ independently or _____ with assistance:

Does your child use utensils _____ independently or _____ with assistance:

Does your child require special positioning during mealtimes? _____

Does your child enjoy mealtimes? _____

Choose which method used for liquid consumption:

_____ Bottle fed

_____ sippy cup (what kind?)

_____ open cup

_____ straw

_____ water or sports bottle

Check the kinds of food your child eats:

_____ smooth purees

_____ purees with lumps or textures

_____ fork mashed

_____ Food cut up into bite sized pieces

_____ regular table foods without modifications

Check if your child exhibits any the following:

_____ Choking during meal (specific food or liquid)

_____ gagging

_____ difficulty chewing

_____ coughing during meals

_____ food refusals

_____ holding food in mouth

_____ wet or gurgly voice during or after eating

_____ mouth sensitivity

_____ stuffing mouth too full

Do certain foods or liquids appear to be more difficult to consume? _____

List any adaptative feeding equipment used (chairs, utensils, cups): _____

Does child look at family members when they are named? _____

Does child point to common object _____

