



KIDZ KORNER



The Pediatric Therapy SPOT

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OT Initial Feeding Evaluation Intake

Identifying Information:

Evaluation Date: _____

Child's Full Name: _____

Child's DOB: _____

Parent/Guardian Name(s): _____

Medical Information:

Birth Weight: _____

Was your child born Full-Term? YES/NO

Were there any pregnancy or birth complications? YES/NO

Prematurity? YES/NO If yes, born at _____ weeks

Child's current weight: _____ height: _____

Has a professional ever given your child a specific diagnosis (please check all that apply)?

€ Dysplasia

- € Cleft Lip Palate
- € Congenital Heart Disease
- € Developmental Delay
- € Down Syndrome
- € Failure to Thrive
- € Poor Weight Gain
- € Hydrocephalus
- € Seizure Disorder
- € Other: _____

Has your child ever been hospitalized or had any surgical procedures? YES/NO
 If yes, please list:

Does your child take medications for any reason? YES/NO
 If yes, please list all medications:

Has your child ever been seen by another specialist (gastroenterologist, nutritionist, or feeding therapist) for feeding difficulties? YES/NO

If so, how long? Please share progress. _____

Has your child ever had a previous swallow study? YES/NO

If YES, please specify where and when: _____

Does your child have any food allergies or intolerances? YES/NO

If YES, please describe: _____

FEEDING HISTORY:

Was your child:

- € Breast fed When stopped? _____
- € Bottle fed When stopped? _____

Any difficulties with either? _____

At what age was baby food introduced? _____

Any difficulties? _____

At what age were 3rd stage/mashed foods/table foods introduced? _____

Any difficulties? _____

When were table foods introduced? _____
Any difficulties? _____

How does your child currently receive nutrition?

- € NG Tube
- € NJ tube
- € G tube
- € Bottle
- € Sippy cup
- € Open cup
- € Spoon/Fork
- € Straw
- € Hand/Finger Feed
- € Regular Cup

What food(s) does your child currently take?

- € Breast milk
- € Formula
- € Stage 1 baby food
- € Stage 2 baby food
- € Stage 3 baby food
- € Pureed table food
- € Soft Chewables (pasta, cooked vegetables, canned fruits)
- € Hard Chewables (cookies, crackers)
- € Chewy foods (meats)

How long does a meal (or for infants, a bottle) take? _____

Does your child display any of the following behaviors related to feeding?

- € Frequent coughing/choking related to feeding
- € Gagging/vomiting related to feeding
- € Refusal behaviors (crying, head turning, etc...)
- € Difficulty accepting food of certain textures
- € Difficulty chewing
- € Holding food in mouth
- € Will not eat enough food by mouth
- € Gets tired easily when eating
- € Drooling
- € Poor suck/swallow/breathe
- € Other: _____

On average:

How many bottles/cups does your child drink in a day? _____

What liquids does your child take now?

- € Milk _____oz
- € Formula _____oz

€ Juice _____oz
€ Water _____oz

How many meals does your child usually eat in a day? _____
How many snacks does your child usually eat in a day? _____

Please list all foods your child is currently accepting:

FRUITS	
MEATS	
BREADS, CEREAL, CHIPS	
VEGETABLES	
DAIRY	
SWEETS	

Please list your child's favorite foods/liquids:

Please list your child's LEAST favorite foods/liquids:

What goal foods would you like to see your child independently accept?

FEEDING ENVIRONMENT:

Who usually feeds your child? _____

What works best when trying to feed your child?

Do you feed your child at the same time every day? YES/NO

If YES, please list feeding times: _____

Where do you feed your child most often?

- € Infant seat
- € Booster seat
- € Lap
- € Highchair
- € Wheelchair
- € Regular chair
- € Other: _____

How is your child positioned for feeding?

- € Sitting upright in a chair
- € Lying down
- € On your lap

Which meal does your child do best at?

- € Breakfast
- € Lunch
- € Dinner

Do you feed your child when the rest of the family is eating? YES/NO

If NO, where does your child eat in relation to the family?

During eating time, are there other activities going on in the area where your child is eating?

- € TV is on
- € Music is on
- € Other: _____

What room do you feed your child in?

- € Kitchen
- € Living room
- € Dining room
- € Baby room
- € Family room
- € OTHER: _____