



Melissa Wilson, M.Ed., CCC/SLP, COM® - Director

**Supplemental Feeding Case History**

Patient name:	DOB:	Today's Date:
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Why is your child being seen for a feeding evaluation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Birth History**

Birth Weight: \_\_\_\_\_ Most recent weight: \_\_\_\_\_

Was your child born at full term? How many weeks? \_\_\_\_\_

Please list any problems during pregnancy:

\_\_\_\_\_

\_\_\_\_\_

Please list any problems immediately after birth:

\_\_\_\_\_

\_\_\_\_\_

**Feeding History**

Breast-fed? \_\_\_\_\_ Bottle-fed? \_\_\_\_\_ Other? \_\_\_\_\_

Any problems with any of these? (weak suck, slow to feed, coughing, crying, etc.)

\_\_\_\_\_

When did your child start to eat solid foods? \_\_\_\_\_

Were there problems with this? \_\_\_\_\_

When was your child weaned? \_\_\_\_\_

Does your child drink juice? \_\_\_\_\_ How much in a day? \_\_\_\_\_

Does your child drink milk/juice before a meal? \_\_\_\_\_

Does your child exhibit any of the following during meals:

\_\_\_\_\_ crying \_\_\_\_\_ gagging \_\_\_\_\_ vomiting \_\_\_\_\_ spitting food out

\_\_\_\_\_ holding food in mouth \_\_\_\_\_ regurgitating food \_\_\_\_\_ getting down from the table

\_\_\_\_\_ stiffening \_\_\_\_\_ loosing latch frequently \_\_\_\_\_ coughing/sputtering

How many times a day does your child eat? \_\_\_\_\_

If your child does not feed him/herself, who feeds them? \_\_\_\_\_

How is your child positioned when eating? (sitting in highchair, sitting on the floor, come and go, etc.) \_\_\_\_\_

Does your child eat more/less, same/ different foods when they are at day care, baby sitter, other? (Circle and describe below). \_\_\_\_\_

Does your child receive supplemental (tube) feeding? \_\_\_\_\_

Amount: \_\_\_\_\_ Rate: \_\_\_\_\_ How often? \_\_\_\_\_

NG: \_\_\_\_\_ Bolus via syringe: \_\_\_\_\_

PEG: \_\_\_\_\_ Continuous via pump: \_\_\_\_\_

PEJ: \_\_\_\_\_

What consistencies does your child eat?

Regular liquid: \_\_\_\_\_ Stage 1 baby foods (smooth): \_\_\_\_\_ Mashed table food \_\_\_\_\_

Thickened liquid: \_\_\_\_\_ Stage 2 baby foods (semi-chunky): \_\_\_\_\_ Regular table food \_\_\_\_\_

Baby cereal: \_\_\_\_\_ Stage 3 baby foods (chunky): \_\_\_\_\_

How is liquid presented?

\_\_\_\_\_ breast

\_\_\_\_\_ cup

\_\_\_\_\_ bottle

\_\_\_\_\_ sippy cup

\_\_\_\_\_ type of nipple

\_\_\_\_\_ cup with lid

\_\_\_\_\_ straw cup

\_\_\_\_\_ open cup

Approximately how much liquid does your child drink at each meal? \_\_\_\_\_

Approximately how much food does your child eat at each meal? \_\_\_\_\_

How long does each meal take? \_\_\_\_\_

What do you do when your child does not eat appropriately? \_\_\_\_\_

What are some "easy" or favorite foods for your child? \_\_\_\_\_

Which foods are "hard" or does your child REFUSE to eat? \_\_\_\_\_

List some GOOD things your child does at meal times (sits at the table, eats certain foods, etc.) \_\_\_\_\_

List some things you feel your child should be doing at meals that he/she does not do: \_\_\_\_\_

List some things you feel your child should not be doing at meals (having a tantrum, throwing food): \_\_\_\_\_

What have you tried to help your child with his/her feeding problem? \_\_\_\_\_