



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):

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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.):

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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:

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List any medications taken by your child: \_\_\_\_\_

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What is the child's current overall health status? \_\_\_\_\_

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Does child have any medically diagnosed conditions or genetic syndromes? \_\_\_\_\_

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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 \_\_\_\_\_

