

Speech –Language Pathology
Pediatric Feeding Case History: page 1/2

Name _____ DOB _____ Referral Source _____

Address: _____

Caregiver/Parent: _____ Phone: _____ Cell: _____

Primary care Physician: _____

Other Physicians: _____

Why is your child being seen for a feeding evaluation? _____

Medical History

Has your child had any surgeries? No Yes (please list with dates) _____

Has your child ever been hospitalized? No Yes (please list with dates) _____

Is your child on any medications? No Yes (please list) _____

Does your child have any allergies (food or other) No Yes (please list) _____

Birth History

Birth weight _____ Was your child full-term? Yes No (How many weeks gestation) _____

Were there any problems during pregnancy? No Yes (please list) _____

Were there any problems immediately after birth? No Yes (please list) _____

Developmental History Please indicate ages.

Sitting unsupported _____ Walking _____ Crawling _____

Self-Dressing _____ Standing Alone _____ Bladder and Bowel Control _____



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Pediatric Feeding Case History: page 2/2

Feeding History

Was your child breast-fed? No Yes (How long?) _____

Did your child have any problems with breast-feeding? No Yes (please list) _____

When did your child start to eat solid foods? _____

Were there any problems with this? _____

When was your child weaned from the bottle/breast? _____

When did the child start to feed him/herself? _____

Does your child drink juice? No Yes (How much in a day?) _____

Is the juice given before, during or after a meal? _____

Does your child exhibit any of the following behaviors? Crying Gagging Spitting food out of the mouth
Regurgitating food Holding food in the mouth Getting down from the table during meal Vomiting

How many times a day does your child eat? _____

If your child does not feed him/herself, who feeds him/her? _____

How is your child positioned when eating? (high chair, lap, etc...) _____

Where does your child eat? _____

Who else is present at meals? _____

Other Information you may want to add

Thank you for your information. Please return to the evaluating speech language pathologist.