



Sonoran Sun Pediatric Therapy

**Feeding Therapy Questionnaire
(Please Print)**

Patient Name: _____ D.O.B. _____ Date: _____

Diagnosis from Pediatrician: _____

Check the following that apply to the patient: Not eating variety Eating too much Eating too little
 Slow Growth Gagging/Choking/Coughing Refuses to eat specific foods Transitioning from tube
to oral feeding Vomiting Only drinks fluids Other (Please explain): _____

When did the patient first encounter difficulty eating? _____

Was the patient bottle, breast, or tube fed after birth? Were there any complications? _____

When did the patient start with purees? Were there any issues? _____

How old was the patient when he/she switched to chewable solids? Were there any problems? _____

How does the patient currently take liquids (Bottle/Sippy Cup/Straw/Open Cup)? Do liquids need to be thickened?
(to what consistency - nectar, honey, etc.) _____

If being tube fed, what kind of tube does the patient use? (NG-Tube, G-Tube, GJ-Tube, J-Tube, other) _____

If tube fed, list which formula is used, feeding times, rate, and volume of feedings: _____

Does the patient have any issues with constipation? _____

Please list which foods the patient prefers: _____

Please list which foods the patient currently avoids or refuses to eat: _____

Does the patient hold/pocket food in their cheeks? _____

During a typical mealtime, who does the patient eat with? Where does he/she eat? Is television, electronics, toys,
etc. used as distractions? _____

Is the feeling of a typical meal time pleasant, uneasy, stressful, a struggle, other (please explain)? _____

Self-feeding skills: (Does the patient know how to use spoon/fork independently)? _____

How does the patient sit at table? (Regular seat, booster seat, high chair, other) _____

Has the patient had a Modified Barium Swallow Study (MBSS)? Y or N _____

Comments: _____

If yes, a copy of the most recent report **MUST** be submitted prior to the patient's feeding evaluation. _____

Please include the 5-day food diary attached to this paperwork.