Feeding Pre-Evaluation Questionnaire

Child Name: ___________________________________Date of Birth: _____________

Caregiver Information

Caregiver's Name: ____

Role in Child's Life: ☐Parent ☐Grandparent ☐Foster Parent ☐Other____________

What are your primary areas of concern? ***Check all that apply***

☐ Poor weight gain
☐ Refusing foods or liquids
☐ Gagging while eating
☐ Difficulty touching food textures
☐ Eating only a few foods
☐ Taking longer than 30 minutes to finish a bottle or meal
☐ Stressful mealtimes for you and your child
☐ Coughing/choking with eating/drinking
☐ Arching/crying with bottles (infants)
☐ Difficulty transitioning to purees or solid foods
☐ Vomiting associated with feedings
☐ Other______________________________

Is there a history of any of the following medical issues?

☐ Food Allergies/intolerances
☐ Gastroesophageal reflux
☐ Failure to thrive
☐ Ongoing need for respiratory medication (i.e. breathing treatments)
☐ Swallowing problems
☐ GI diagnosis (i.e. Celiac disease, EoE)
☐ Need for tube feeding (i.e.NG or G-tube)
☐ Prematurity. If so, at how many weeks was your child born? _________________________
☐ Cleft lip and/or palate
☐ Autism or "at risk" diagnosis
☐ Other :______________________

What medications does your child take?

Medication	Date Prescribed (approximate)	Prescribing Physician

UCP United Cerebral Palsy of Central Arizona

What are your primary feeding goals for your child at this time?

At what age were these feeding milestones first met?		
Feeding Milestones	Age	Comments
Pureed Food		
Solids		
Cup drinking (if applicable for age)		

List the foods that your child will eat on a consistent basis (2-3 times per week)

List how child eats.

☐ Bottle
☐ Breast Fed
☐ Fed by caregiver
☐ Finger Feeds Self
☐ Self feeding with spoon
☐ Self feeding with fork
☐ Drinks from a Sippy Cup
☐ Drinks from an Open Cup
☐ Other: ____

NOTE: Please bring any bottles or cups that your child uses as well as any preferred foods to the evaluation.

Please provide as much information as possible. The feeding therapist will review this information for your child's initial evaluation.

UCP looks forward to serving you and your child!

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