Additional Application Information for Nutrition Or Feeding & Swallowing Services

Applicant Name: _____

☐ Yes ☐ No Does your child have any food allergies?

☐ Yes ☐ No Does your child take any medication on a regular basis?

☐ Yes ☐ No Does your child use a feeding tube or any other specialized feeding equipment?

Please list: _____

_____

☐ Yes ☐ No Does your child take a bottle to bed?

☐ Yes ☐ No Do you add solid foods to your child's bottle?

☐ Yes ☐ No Is your child under 12 months old and drinks less than 24 ounces per day of formula?

☐ Yes ☐ No Is your child over 12 months old?

Only Complete For Child over 12 Months

Does your child reject the following foods?

☐ Yes ☐ No **Meats** ☐ Yes ☐ No **Milk** ☐ Yes ☐ No **Fruits** ☐ Yes ☐ No **Vegetable**

☐ Yes ☐ No Is your child's behavior upsetting during meals? (throws food/silverware/utensils refuses to eat).

☐ Yes ☐ No Do you find that you are out of food at the end of the month?

☐ Yes ☐ No Do you have concerns about your child's nutrition & feeding?

☐ Yes ☐ No Are you enrolled in the Woman, Infants & Child (WIC) food program?

☐ Yes ☐ No Is your child enrolled in a well–child clinic?

Does your child experience any of the following? ☐ Diarrhea ☐ Constipation ☐ Vomiting/Reflux

Does your child have any difficulty with these? ☐ Sucking ☐ Swallowing ☐ Chewing ☐ Gagging

At your child's current age, which of the following currently apply? (Check all that apply)

☐ Is **7 months** or older; has not started using a cup

☐ Is **9 months** or older; does not finger feed

☐ Is **12 months** or older; drinks primarily from a bottle (liquids)

☐ Is **19 months** or older; does not use a spoon.

For Office Use Only

☐ New ☐ Update ☐ Re- Application (discharged 1+) SMS Case #

☐ 170 (N) Dietician: _____ ☐ 176(FS) Feeding &Swallowing: _____