



## PEDIATRIC NEUROPSYCHOLOGY DIAGNOSTIC AND TREATMENT CENTER

*"Commitment to Children, their Health, Development and Learning"*  
*Evaluation and Brain Building Programs that Develop Potential and Success at  
Home, School and Beyond*

### NUTRITION/FEEDING HISTORY

Patient: \_\_\_\_\_ Today's date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Chronological age: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Birth Head Circumference: \_\_\_\_\_

Current Weight: \_\_\_\_\_

Medication/Vitamins: \_\_\_\_\_

Current Diet: General: \_\_\_\_\_ Other: \_\_\_\_\_ Explain: \_\_\_\_\_

Picky Eater? \_\_\_\_\_ Explain: \_\_\_\_\_

Tube/Other Feeding: \_\_\_\_\_

Bowel Function: \_\_\_\_\_

Bladder Function: \_\_\_\_\_

Activity Level: Normal \_\_\_\_\_ Above Normal \_\_\_\_\_ Below Normal \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Feeding Problems: Chewing \_\_\_\_\_ Swallowing \_\_\_\_\_ Sucking \_\_\_\_\_ Vomiting \_\_\_\_\_

Spit-up \_\_\_\_\_ Gagging \_\_\_\_\_ None \_\_\_\_\_ Other \_\_\_\_\_

Feeding: Assisted \_\_\_\_\_ Self \_\_\_\_\_ Bottle \_\_\_\_\_ Feeder \_\_\_\_\_

Cup \_\_\_\_\_ Sippy Cup \_\_\_\_\_ Fingers \_\_\_\_\_ Straw \_\_\_\_\_

Adaptive Devices \_\_\_\_\_ Dinnerware/Utensils \_\_\_\_\_

Food Modification: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_