



## Central Delaware Speech Language Pathology, Inc.

*Specializing in the Diagnosis and Treatment of Speech-Language Disorders  
ASHA Certified, Licensed in Delaware*

Date of Intake: \_\_\_\_\_

Initials: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FEEDING INTAKE FORM

☐ Dover Office

☐ Lewes Office

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email Address \_\_\_\_\_

How did you hear about CDSLP? \_\_\_\_\_

#### Major Feeding Concerns:

- ☐ Food Refusal (refusing all/most foods): \_\_\_\_\_
  - Onset: \_\_\_\_\_
- ☐ Food Selectivity by Texture (certain textures): \_\_\_\_\_
  - Onset: \_\_\_\_\_
- ☐ Food Selectivity by Type (Narrow variety of foods): \_\_\_\_\_
  - Onset: \_\_\_\_\_
- ☐ Oral Motor Delays (problems with chewing, closing mouth): \_\_\_\_\_
  - Onset: \_\_\_\_\_
- ☐ Dysphagia (problems with swallowing): \_\_\_\_\_
  - If yes, has a swallow study been performed? When? \_\_\_\_\_
- ☐ Unusual Preferences (only eats food certain temperature, specific brands, requires certain cup/silverware): \_\_\_\_\_
  - Onset: \_\_\_\_\_
- ☐ Has the child been seen by Nutrition? \_\_\_\_\_ Outcome? \_\_\_\_\_
- ☐ Has the child been seen by G.I.? \_\_\_\_\_ Outcome? \_\_\_\_\_

Does the child have any speech-language difficulties in addition to feeding concerns? \_\_\_\_\_

Has the child ever had pneumonia? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Pediatrician \_\_\_\_\_ Other Professionals Involved in Child's Care \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

[illegible]