Date of Intake:

Initials: _____ Notes:

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

FEEDING INTAKE FORM

	□ Dover Office	e 🗆 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	l you hear about CDSLP?				
	eeding Concerns:				
□ F	Food Refusal (refusing all/most foods):				
	o Onset:				
\Box F	Food Selectivity by Texture (certain textures)				
	o Onset:	•			
Food Selectivity by Type (Narrow variety of foods):					
	Onset:	100ds)			
	Oral Motor Delays (problems with chewing of	loging mouth).			
	Oral Motor Delays (problems with chewing, coopers.	closing mouth):_			
	Ovenhagia (problems with swellowing).				
_ D	Oysphagia (problems with swallowing):	10 177			
	o If yes, has a swallow study been perfor	rmed? When?			
cı	Unusual Preferences (only eats food certain te up/silverware):	mperature, speci	fic brands, red	quires certain	
	Oliset.				
□ Н	las the child been seen by Nutrition?	Outcome?			
□ Н	las the child been seen by G.I.? Outcome	ome?			
	outcomes of the second of the	ome:			
	child have any speech-language difficulties i				
las the c	hild ever had pneumonia? ☐ Yes ☐ No If yo	es, when?			
Pediatrician Other Profes		sionals Involved in Child's Care			
	o Allergies				

Schedule with therapistfor: Ex	valuation Therapy					
Date (Start):/ Time	-					
Insurance Y N 1. CompanyPlan	n Member ID number					
2. CompanyPlan	n Member ID number					
DR. SCRIPT FOR THERAPY BEFORE EVALUA	TION- notified: received:					
Diagnosis Code (ICD10):	Evaluation Packet Sent:					
Existing Documentation (particular Feeding Evaluation	rent may provide if applicable): Date completed:					
☐ Clinical Documentation (Primary Care, Specialist)						
Documentation Required for Feeding Evaluation: 3 day feeding diary including: Everything offered to child, everything child consumed and refused (include snacks, drinks) with approximate quantities. What to Bring: 3 preferred foods. 3 foods that the family eats regularly that the child refuses. Favorite utensils (plates, cups, spoons).						
	ication Log					
(date, time, initials, with follow-up)						
_Initial Date						