



Young Children Feeding Case History

Date: _____

Name: _____ DOB _____ Age: _____

Your name and relationship to the child: _____

Describe any complications during pregnancy and/or delivery:

Was your child breast- or bottle fed? Describe any complications:

How well did your child transition to solids?

Is your child a fussy/picky eater? Describe:

Has your child had or been hospitalized for any severe illnesses? Describe:

Did your child pass his or her newborn infant hearing screen? ___ Yes ___ No

Are there any complications with hearing or vision?

Is your child currently in good health? ___ Yes ___ No

Is your child currently taking any medication? Describe.

How does your child's development compare to that of his/her siblings?

Did your child meet physical developmental milestones within typically expected times?

Did your child meet speech/language milestone within typically expected times?

What are your concerns? Describe the difficulties your child has been experiencing.

When did you first become concerned about your child?

Are you concerned that your child may not be getting adequate nutrients?

Does your child drool?

Are there any dental concerns?

Are there any concerns with your child's swallow? Is she or he able to swallow all textures, i.e. water, soft textures, crunchy foods, etc.? Is there any choking or throat-clearing?

Does your child have any sensory issues? (Avoidance of certain textures? Temperature? Smell?)

Does your child demonstrate rigidity/avoidance to change?

Does your child exclude certain foods? Textures, colors, temperatures, shapes?

Does your child gag when presented with a food or asked to try a new food?

What foods does your child eat?

What foods does your child avoid?

Does your child have an aversion to trying new food?

Does/did your child have any difficulties with tooth brushing?

Was your child a late talker?

Does your child have any difficulty saying /k/ or /g/ sounds?

How does your child react to his/her problem?

Does your child eat differently at home? At school? In front of others? Prefer to eat alone?

Does your child's performance become better, or worse, in different settings or situations? How?

Do family members show any of the same symptoms as your child? Please describe.

How has your child's differences been addressed? Has he/she been received any therapy previously, privately or in the schools?

Has your child had any other speech or swallowing evaluations within the last couple years? What are the results of those?

How does your child interact with peers and siblings?

Does your child like school?

How does your child do with the following directions? 1-step, 2-step, 3-step directions?

Does your child have any speech articulation issues?

Any other information that you feel may be helpful?