Oral-Motor Feeding Evaluation
Intake

I. Biographical Information

Name:_____ Date of Birth:_____

Parents: _____
Address:_____
City, State, Zip:_____
Telephone: (h)_____ (w)_____

Educational Service Provider:_____
Address:_____
City, State, Zip:_____
Telephone:_____ Fax:_____
Teacher:_____
Therapist/s:_____

Name of Primary Care Physician:_____
Address:_____
City, State, Zip:_____
Telephone:_____ Fax:_____

II. Parent Interview

- Does your child have a history of choking?
- Does your child cough during mealtimes? How frequently?
- Does your child vomit while eating? How do you respond to this?
- Does your child exhibit difficulty digesting foods? Explain.

Were oral feeding interrupted at any time in the child's history?

- For how long? _____
- For what reason? _____

f. Food Consistency – Please check all that apply:

Type	Does eat	Can eat	Never tried	Can't eat
Liquids/soups				
Strained baby food				
Junior baby food				
Creamy food (ice cream, yogurt)				
Blenderized table food				
Mashed table food				
Chopped table food				
Regular table food				
Crisp foods (crackers, toast)				
Chewy foods (meat				
Crunchy foods (carrots, celery)				

Meal Pattern

a. Please write down a 3-day diet history on the back of one of these pages or on some other paper and return it with this packet. Include everything your child has to eat or drink, approximate amounts eaten, and what time they are eaten.

b. Describe a typical meal. Include the sequence in which food is offered to the child (i.e., liquids always first, etc.), what happens during the meal, and how the meal is terminated.

_____

_____

c. Do the child's food habits and preferences match the family's?

d. Does the child eat little at meals and snack throughout the day?

e. How long does it take for the child to complete a meal? (circle one)

less than 10 minutes 10-20 minutes 20-30 minutes
30-60 minutes over 60 minutes

f. How does the child indicate hunger?

g. Please list all current feeding skills:

1. ___drinks from bottle? Special adaptation, type__
   Does child hold bottle?_____
2. ___fed by parents? How? _____
3. ___feeds self with fingers? Large pieces___ small___
4. ___feeds self with spoon? Special adaptation, type
   _____
   Independent___ needs help__
5. ___feeds self with fork? Independent___ needs help___
6. ___drinks from cup/glass? Special adaptation, type _____
7. ___d[illegible]
8. ___has child ever self-fed?

III. Medical Information

a. Diagnoses: _____
b. Current medical problems: _____
_____
c. Current medications and dosages: _____
_____
d. Does your child have any known or suspected food allergies or intolerances?_____
_____
e. Associated feeding problems: Estimate the frequency of occurrence for each of the following per day:

___vomiting/rumination __ profuse perspiration
__ teeth grinding __ aspiration
__ coughing __ other (please specify)
__ gagging — drooling
__ grunting

f. Were any of the following used during the neonatal/early infancy period?

Dates		Dates	
	__NG tube	___	__tracheostomy tube
___	__nasal cannula	___	__other
___	__gastrostomy tube		

** If child is receiving tube feeds, complete relevant sections below.

Gastrostomy tube:

What percentage of daily intake is by tube? _____

Type of formula used: _____

Amount of formula fed (cc/child's weight):_____

How is feeding done: Continuous feeds across ___ hours

Time run:_____

Bolus feeds at scheduled times_____

Person who does feeds_____

Nasogastric tube:

What percentage of daily intake is by tube?_____

Type of formula used:_____

Amount of formula fed (cc/child's weight)_____

How feeding is done: Continuous feeds _____ Bolus feeds ___

Duration_____

Frequency of tube placement_____

Person who does feeds_____

IV. Motivation

Does the child appear to enjoy social interaction? ___Yes ___No

Does the child enjoy verbal praise? ___Yes ___No

Please list:

a. Favorite foods: _____
b. Favorite recreational materials: _____
c. Favorite activities: _____

_____

Three Day Food Diary

Please write down all foods and amounts eaten over a three day period.

Time	Day 1	Day 2	Day 3