

Feeding History



When your child came home from the hospital, what type of food did he/she eat:

breast milk regular formula special formula other _____

Changes in feeding

Breast to bottle child's age _____ why change? _____

Formula change child's age _____ why change and changed to what? _____

Bottle to cup child's age _____ why change? _____

Started solid food child's age _____

Other changes _____

How long does it take your child to finish a bottle or eat a meal? _____

Are there any problems (i.e. vomiting, choking, refusing to eat, diarrhea, etc.)? _____

Notes

Gastrostomy Tube Feeding



Formula _____ Strength _____

Date	Start Time	Stop Time	HOB Elevated	Check Tube Site	Check Placement	Check Patency	Water Flush/Amount (_ cc)	Tolerated Well	Comments	Initials

Mealtime Routine



	Day/Date	Fed Via (Mouth, Tube, etc.)	Food Amount	Water Amount	Equipment/Utensils/Positioning
Breakfast					
Lunch					
Dinner					
Snacks					
Breakfast					
Lunch					
Dinner					
Snacks					
Breakfast					
Lunch					
Dinner					
Snacks					
Breakfast					
Lunch					
Dinner					
Snacks					

Current Diet _____

Food Allergies/Reaction _____

Foods to Avoid _____

Favorite Foods _____

Least Favorite Foods _____

Feeding Tips _____

