



Wake Pediatric Speech Therapy

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Feeding Referral Form

Child's name: Child's DOB:

Your name: Relationship to child:

Please describe your main concerns regarding your child's feeding/swallowing:

Who referred you to our practice?

Are there any known food allergies? If so please list (include age at diagnosis and any treatment):

Is there any significant medical history? If so, please include when and any treatments provided?

Is your child taking any medications? If yes, what and for how long?

Feeding History: Was your child breast fed? If yes, at what age was he/she weaned?

Was your child bottle fed? If so, using breast milk or formula?

If formula, what formula and formula type (ex: powder, concentrate)?

Has your child been seen by a GI specialist? If so, please specify where/when, and the findings:

Has your child been seen by and ENT? If so, please specify where/when, and the findings:

Has your child had a velopharyngeal swallow study?

If yes, when, where, and what were the results?

Any history or diagnosis of reflux? If yes please explain:

Does your child exhibit any of the following (yes/no):

- Drooling
- mouth breathing at rest

- mouth breathing when sleeping [redacted]
- snoring [redacted]
- tongue protrusion at rest [redacted]
- stuffy nose [redacted]
- upper respiratory or chest congestion [redacted]
- constipation [redacted]
- diarrhea [redacted]

Please describe your child's meal/eating schedule: [redacted]

Please list any other fluids consumed by your child: [redacted]

At what age were solid foods introduced (ex: rice cereal, pureed foods): [redacted]

How were they tolerated? [redacted]

Behaviors: Please note what types of behaviors your child demonstrates when eating (yes/no):

- Coughing [redacted]
- Gagging [redacted]
- Spitting food out [redacted]
- Vomiting [redacted]
- Excessive hiccupping [redacted]
- Eats only certain textures (please describe): [redacted]
- Eats only certain temperatures (please describe): [redacted]
- Eats only certain colors (please describe): [redacted]
- Pushes food away [redacted]
- Eats quickly [redacted]
- Eats slowly [redacted]
- Pockets food in cheeks [redacted]
- Picky Eater [redacted]

List your child's preferred foods: [redacted]

List your child's non preferred foods: [redacted]

How long does a typical meal or snack take? [redacted]

Where does your child eat? Place an "X" where applicable: adult's lap [redacted] high chair [redacted]
booster chair [redacted] regular chair [redacted]

Is your child able to self feed? [redacted]

What type of bottle or cup does your child drink from? (ex: bottle, sippy cup, straw, open cup) [redacted]

Does he/she refuse to drink from any type of cup? If yes, what? [redacted]

Can your child use utensils? If yes, can he/she use them to self-feed? [redacted]

Please explain any additional concerns you have regarding your child's feeding/eating:

[redacted]

