Hands on Therapy, Inc

Helping little fingers and toes explore Alaska

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3 Day Diet History Form

Instructions:

You are being asked to record **ALL foods and drinks** eaten/ drank by your child for 3 days in a row. The following directions will guide you in filling out the form. You need to complete this history and send the information to the Feeding Center with the rest of your forms, OR you will need to bring it with you to your appointment.

1. Please fill out ALL the information at the top of the first page.

2. Please record the DATE and DAY of the week for each day. Record ALL food and drinks eaten along with the TIME your child ate or drank them. It is best to carry the history form with you and to record items immediately so that nothing is missed.

3. Include an EXACT description of the item and your best guess of the portion size of the amount eaten. Write the brand name of formula your child is on (i.e. Enfamil, Prosobee, etc.), what type of juice he/ she drank (i.e. apple, grape, etc.), any special recipes for drink mixtures your child uses (i.e. 24 calorie Isomil + 1 tsp Polycose), and any additions to foods (i.e. ¼ cup mashed potatoes + 1 Tbsp margarine). Be sure to include dressings, sauces, gravies, or anything extra.

4. It is suggested that you may wish to use measuring spoons and cups when serving your child for these 3 days to report the amounts eaten/ drank better.

Example:

Date	Time	Food/ Drink Item	Amount	Bottle	Cup	Mouth	G-tube
1/1/02	4 pm	Gerber applesauce #2	1 ounce			✔	
		White Bread (Wonder)	¼ slice			✔	
		Ham lunch meat (Hormel)	½ ounce			✔	
		Mayonnaise	1 tsp			✔	
		White grape juice	1 ounce		✔	✔	
	6:30pm	Veggie Straws (Whole Foods 365)	5			✔	
		Diced pears (Del Monte)	1 plastic container			✔	
	7 pm	Similac Advance Formula	4 ounces	✔		✔	
	9 pm	Pediasure with fiber	8 ounces				✔

OFFICE USE ONLY
Ht: ________ Wt: ________ Date: __________
Estimated Needs: ______________ Calories
______________ Protein
______________ Fluid

_____ Eval _____ Individual _____ Group

Parent/ Guardian Name: ________________________________ Daytime Phone #: _______________________

Child's Name: ____ Date of Birth: ___________________________

Vitamin or Mineral Supplement: ____ NO ____ YES Name & Amount: _________________________________

Formula Mixing: Number of scoops: ________________
Amount of Water: ________________
_______ I put water in the bottle first then the formula powder.
_______ I put the formula powder in the bottle first then the water.
_______ The formula is liquid in a can and I do not add anything.

Date	Time	Food/ Drink Item	Amount	Bottle	Cup	Mouth	G-tube

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