

J.Z. MANN PEDIATRIC THERAPY



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PATIENT NAME: _____ DOB: _____ DATE: _____

FEEDING QUESTIONNAIRE FOR OCCUPATIONAL THERAPY EVALUATIONS

Please list accepted foods your child currently eats in the appropriate categories below. Please include if your child only accepts/eats specific brands, canned vs. fresh, or if it must be prepared a certain way. Thank you!

Baby or table foods your child will eat:

Stage of baby food your infant/child will eat: ___ 1 ___ 2 ___ 3

Fruits

Vegetables

Meats/Proteins (beans, nuts, etc.)

Starches (Breads, pasta, rice etc.)

Dairy (cheese, yogurt, milk, etc.)

Miscellaneous/Snack Foods

Condiments (i.e., catsup, mustard, etc)

Please list current fluids your child accepts (formula, water, juice, milk) and how much he/she typically drinks in a day (including oz. of bottle/sippy cup).

Please list foods your child has eaten in the past but currently does not like/eat:

Form continued on back

Parents/Guardians:

J.Z. Mann, Pediatric Therapy will be evaluating how your child eats and drinks. Please help with the following:

On the day of the evaluation, we would like to observe a typical feeding.

1. Bring your child somewhat hungry so that he/she will eat during the evaluation.
2. Bring items your child typically uses at meals and small amounts of food to include:
 - Spoons/utensils your child uses.
 - Cups and sippy cups and/or bottles with a variety of nipples that you have used to feed your baby.
 - Foods that your child enjoys eating.
 - Foods that are difficult for your child to eat.

If you have any questions please list below or feel free to call 910-347-2212. Thank you! We look forward to meeting you and your child!

I wish for my child to be evaluated and/or treated by J.Z. Mann, Pediatric Therapy.

Parents are expected to provide food for their child during feeding therapy; however, on some occasions J.Z. Mann Pediatric Therapy may provide it. I hereby release J.Z. Mann, Pediatric Therapy from any liability regarding known/unknown food allergies/sensitivities that my child may have.

Signature

Relationship to child

Date