

**Infant Feeding History and Clinical Assessment Form  
(Infant 6 Months and Younger)**

**A. Identifying information**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Outside Tx in place:  Yes  No

Chronological Age: \_\_\_\_\_

Adjusted Age: \_\_\_\_\_

Current weight: \_\_\_\_\_

WHO Growth Chart: \_\_\_\_\_ % Height \_\_\_\_\_ % Weight

Concerns about weight loss/gain:  Yes  No

Nutrition/Hydration consult:  Yes  No

Primary Caregiver: \_\_\_\_\_

Informant for the Evaluation: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Interpreter needed:  Yes  No

Interpreter present:  Yes  No

Patient/Family Goals/Concerns:

\_\_\_\_\_

Noted Barriers to Learning: \_\_\_\_\_

**B. Pertinent past and current medical information**

**B1. Medications**

Medications currently taking: \_\_\_\_\_

## B2. Birth History:

Gestation: \_\_\_\_\_ weeks \_\_\_\_\_ days

Birth weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Average  Low Birth weight (1500-2499 g)  Very Low Birth weight (1000-1499 g)

Extremely Low Birth weight (<1000 g)

APGAR Scores: \_\_\_\_\_ at 1 minute \_\_\_\_\_ at 5 minutes \_\_\_\_\_ at 7 minutes

Multiple Birth (Twin/Triplet/Quadruplet/Quintuplet/Sextuplet)  Single Birth

Pregnancy Complications: \_\_\_\_\_

Type of Delivery:  Vaginal  Cesarean-section

Delivery Complications: \_\_\_\_\_

## B3. Neurologic History

No history of neurologic issues

Seizures  CVA  Anoxia  Ataxia

Brain Tumor  Hydrocephalis  Paralysis  TIAs

Microcephaly  Nystagmus  CP  Tremor

Hypotonia  Hypertonia  Mixed muscle tone  IVH/PVL

Craniofacial anomalies  Syndrome/association/Sequence

Other: \_\_\_\_\_

Current neurologic impairment: \_\_\_\_\_

## B4. Cardiac History

History of cardiac problems?  Yes  No

If yes:

Type of problem: \_\_\_\_\_

Related surgeries: \_\_\_\_\_

Episodes of cyanosis:  Yes  No

Alteration of activity level:  Yes  No

Body positions limited secondary to cardiac condition: \_\_\_\_\_

Known complications from cardiac condition:

CVAs  TIAs  Vocal fold paralysis  Reduced Endurance/Fatigue

Other: \_\_\_\_\_

### B5. Respiratory/Airway History

- No history of respiratory/airway issues
- Pneumonia  BPD/Bronchopulmonary Dysplasia
- Asthma  Frequency: \_\_\_\_\_
- Tracheomalacia  Aspiration Pneumonia
- Laryngomalacia  Frequent colds (# per year: \_\_\_\_\_)
- Bronchomalacia  Frequent upper respiratory infections (# per year: \_\_\_\_\_)
- Tracheal stenosis
- Vocal fold paralysis
  - Left / Right / Bilateral
  - Median / Paramedian
- TE Fistula
- Stridor
  - Inspiratory / Expiratory

#### Supplemental oxygen

- NA  Current  In the past
- Via:  Nasal Cannula  Trach shield
- Frequency: \_\_\_\_\_ Amount: \_\_\_\_\_% O<sub>2</sub> \_\_\_\_\_ Liter Flow

#### Tracheostomy tube Not Applicable

- Brand/Size: \_\_\_\_\_
- Reason for placement: \_\_\_\_\_
- Length of time with trach: \_\_\_\_\_
- Complications (granuloma tissue build-up, etc.): \_\_\_\_\_
- Most recent endoscopy results: \_\_\_\_\_
- Tolerance of speaking valve/capping  Yes  No
- Frequency of suctioning: \_\_\_\_\_ Viscosity/Color of secretions: \_\_\_\_\_
- Ventilator dependency?  No  Current
- Previous
- Nasal How long? \_\_\_\_\_
- Oral How long? \_\_\_\_\_
- Details: \_\_\_\_\_

## B6. Gastrointestinal History

- No history of GI issues
- Fundoplication                       Pylorotomy                       Bowel obstruction
- Constipation                       Reflux/GERD                       PEG tube
- G-tube                       J-tube                       GJ tube
- NG-tube                       Chronic diarrhea                       GI bleeding
- Lactose intolerance                       Crohn's disease                       Esophagitis/Eosinophilic Esophagitis
  
- Short bowel syndrome                       Celiac Disease                       Dehydration
- Diabetes                       Dumping Syndrome                       Hypoglycemia
- Failure to thrive                       Gastroschisis
- Slow gastric emptying                       Other:

## B7. Renal History

- No history of renal problems
- Acute renal failure
- Chronic renal failure
- Dialysis:     Current (Frequency: \_\_\_\_\_)     Previous
- Structural deviations: \_\_\_\_\_
- Related surgeries: \_\_\_\_\_
- Food restrictions due to renal problems (i.e. protein, potassium, sodium, fluid, calcium, and phosphorous intake): \_\_\_\_\_

## B8. Craniofacial History

- No known defects of the palate
- Submucous Cleft
- Cleft Lip
  - Unilateral (R or L)     Bilateral
  - Complete                       Incomplete

- Cleft palate (Hard Palate)  
 Unilateral (R or L)  Bilateral  
 Complete  Incomplete

- Cleft palate (Soft Palate)  
 Unilateral (R or L)  Bilateral  
 Complete  Incomplete

Retrognathia

Nasal Regurgitation

Dental abnormalities: \_\_\_\_\_

Other: \_\_\_\_\_

Detail surgical history including dates & success of surgeries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B9. Hemolytic History

- No hemolytic disorders  
 Anemia  Polycythemia  
 Jaundice  Sepsis  
 Other: \_\_\_\_\_

### B10. Allergy History

Food intolerance  Soy  Gluten  Milk/Dairy  Egg  Peanut  Other: \_\_\_\_\_  
Other Environmental/Drug Allergies: \_\_\_\_\_

## C. Swallowing & Feeding History

### C1. Nipple Feeding Status & History

Current diet: \_\_\_\_\_

Bottle/Nipple used for Non-breast feeding: \_\_\_\_\_

Feeders (Mom, Dad, etc...): \_\_\_\_\_

Position for feeding:  Supine  Side-lying  Elevated  Other:

*Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.*

Food/liquid temperature preferences:  warmed  chilled  variable

Typical feeding schedule: \_\_\_\_\_

Length of average meal times

< 5 minutes  5-20 minutes  30 minutes or more

Volume (daily intake)

a. Formula \_\_\_\_\_ b. Breast Milk \_\_\_\_\_

c. Juice \_\_\_\_\_ d. Water \_\_\_\_\_

e. Pureed foods (Stage 1/ Stage 2 baby foods, table food purees like mashed potatoes) \_\_\_\_\_

Chronology of formulas: \_\_\_\_\_

Modifications to Feeds: \_\_\_\_\_ cal/oz.  Additive/supplement

## C2. Breastfeeding history:

Time length: \_\_\_\_\_ Stated reason for weaning: \_\_\_\_\_

Time spent per breast: R \_\_\_\_\_, L \_\_\_\_\_ Nipple Shield Y or N

Preferred Position: Cradle, Football, Cross-Cradle, Other: \_\_\_\_\_

Any position infant seemed uncomfortable? \_\_\_\_\_

Perception of milk production: \_\_\_\_\_

Schedule or On-Demand : Provide details of schedule or give average day description if fed on demand: \_\_\_\_\_

Infant's Response During Nursing: Vigorous / Lethargic / Fussy / Quiet – Comfortable / Variable

Mother's perception of breastfeeding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent report of:

cough up to 30 minutes after mealtime

Wet/gurgly vocal quality during or after meals

Sialorrhea/Drooling

### C3. Alternate Nutrition

TPN (Start date/End date: \_\_\_\_\_)

Enteral Feeds

Nasogastric Tube

Gastrostomy Tube

Type of feeding:  Bolus/Gavage  Continuous drip

Current rate: \_\_\_\_\_

Current schedule: \_\_\_\_\_  Night time On/Off \_\_\_\_\_

Typical Positioning during feeding: \_\_\_\_\_

#### Adverse behaviors during tube feeding:

Gagging

Regurgitation

Hiccups

Frequent burping

Wet burps

Nasal regurgitation

Spit up

Retch

Sweat

Scream

Become lethargic

Arch back

Details: \_\_\_\_\_

If your child has reflux, have you ever noted coughing or a gurgly voice after the episode?

Yes

No

#### Diagnostic Procedures Completed (Date & Results)

MBS/VFSS: \_\_\_\_\_

FEES: \_\_\_\_\_

pH/impedance probe: \_\_\_\_\_

Upper GI: \_\_\_\_\_

Sialogram: \_\_\_\_\_

Gastric Emptying/Milk Scan: \_\_\_\_\_

Other: \_\_\_\_\_

**D. Hearing and vision history**

**D1. Hearing**

WFL   Impaired Right    Impaired Left   Impaired Bilateral   Unknown

Details of hearing loss: \_\_\_\_\_

Hearing aid Right    Hearing aid Left    Cochlear Implant Right    Cochlear Implant Left    Cochlear Implant Bilateral

**D2. Vision**

WFL   Impaired Right    Impaired Left    Impaired Bilateral   Unknown

Corrected:    Glasses

Details of vision loss: \_\_\_\_\_

**E. Developmental milestones**

**E1. Speech/Communication Skills**

WFL   Delayed

Details: \_\_\_\_\_

**E2. Gross Motor Skills**

WFL   Delayed

Note if impaired head control, trunk control, tone, mobility:

**E3. Primitive/abnormal reflexes (check if present):**

Rooting   Bite   Grasp   Startle  
Transverse tongue   Suckle   Suck   Babinski   Munching  
Posturing   Arching   ATNR/Asymmetrical tonic neck reflex

Comments: \_\_\_\_\_



**Clinical summary:**

**Impression:**

Feeding status (check all that apply):  Oral  Non-oral  Transitioning to full oral  
Dysphagia type and severity:  Oral  WFL  Mild  Moderate  Severe  Profound  
 Pharyngeal:  No concerns  Suspect problems  
 Esophageal:  No Concerns  Suspect problems  Medically managed?  Yes  No  
If yes, how effective is the medical management?

Potential risk of aspiration:  High  Moderate  Fair  Minimal  Appropriate for  
Developmental age

**Prognosis** for safe oral intake:  Good  Fair  Poor

Volume of Oral intake:  Age Appropriate  Reduced-no supplementation needed  
 Reduced-requires partial supplementation  Poor-requires complete supplementation

**Prognosis** for adequate **volume** of oral intake  Good  Fair  Poor

Variety of Oral intake:  Age Appropriate  Restricted  Severely restricted

**Prognosis** for age appropriate **variety** of oral intake  Good  Fair  Poor

Specific impairment: \_\_\_\_\_

Specific symptoms: \_\_\_\_\_

Strengths: \_\_\_\_\_

Weaknesses/concerns: \_\_\_\_\_

**Diagnosis/ICD9:**

- Feeding Problems in Newborns 779.31  Feeding Difficulties 783.3
- Failure to Thrive 783.41  Oral Phase Dysphagia 787.21
- Oropharyngeal Dysphagia 787.22  Pharyngeal Dysphagia 787.23
- Other:

**Plan of care:**

- Modified barium swallow study  Fiberoptic endoscopic evaluation of swallow
- Outpatient feeding therapy **to begin now**
- Determination for OP feeding therapy **deferred** based on further evaluation(s)(skip to referral)

**Long term goals:**

\_\_\_\_\_

**Short term goals:**

\_\_\_\_\_

**Consideration of referral to additional specialist(s) for further assessment:**

\_\_\_\_\_