



Communication Cottage Therapy LLC  
5000 Highway 17 Bypass South  
Myrtle Beach SC 29588  
PHONE: (843) 252-0033  
FAX: (843) 582-0259

## FEEDING INTAKE FORM

Check off foods that your child currently eats. If your child accepted a food item in the past but no longer eats the food please write that in the notes section under the heading. This form allows the team to be able to establish a starting point, assess progress and strategically advance your child's food inventory.

Child's Name: \_\_\_\_\_

Name of Person Completing The Form: \_\_\_\_\_

### Texture Preferences

- Crunchy
- Crisp
- Smooth
- Lumpy
- Uniform Lumpy (cottage cheese)
- Hard
- Chewy
- Mixed Consistencies

Notes About **Texture** Preferences: \_\_\_\_\_

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### Taste Preferences

- Salty
- Sweet
- Spicy
- Tart
- Flavored
- Bland

Notes About **Taste** Preferences: \_\_\_\_\_

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**Temperature Preferences**

- Hot
- Warm
- Cold
- Cool

Notes About **Temperature** Preferences: \_\_\_\_\_

\_\_\_\_\_

**Best Time of Day to Eat:** \_\_\_\_\_

**Overall Description of Appetite**

- Poor
- Fair
- Good
- Varies day to day

Selecting Eating Age of Onset (if known): i.e, when did these concerns start? \_\_\_\_\_

**Food Groups**

**Nuts**

- Peanut Butter
- Peanuts
- Walnuts
- Cashews
- Pecans

Notes about Nuts: \_\_\_\_\_



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#### Condiments/Dips

- ketchup
- mayo
- miracle whip
- mustard
- dijon mustard or spicy mustard
- honey mustard
- BBQ
- chikfila sauce
- A1 steak sauce
- ranch
- worcestershire sauce
- thousand island dressing
- french dressing
- Vinaigrette
- butter or margarine
- chip dip
- gravy

Notes about Condiments/Dips: \_\_\_\_\_

#### Breakfast Foods

- oatmeal
- cream of wheat
- pop tarts (frosted or plain)
- dry cereal
- cereal with milk
- pancakes
- pancakes with fruit
- pancakes with syrup
- waffles (homemade)
- waffles (frozen)
- french toast
- scrambled eggs
- omelet eggs
- fried eggs
- boiled eggs
- poached eggs
- cheese on eggs?
- veggies in eggs?



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- salsa in eggs?
- chopped meats in eggs?
- Toast plain
- toast with cinnamon and butter
- toast with jelly
- toast with peanut butter
- toast with apple butter
- toast with honey (after age 2)
- breakfast shake
- yogurt
- go gurt
- fresh fruit
- grits

Notes about Breakfast: \_\_\_\_\_

Liquids:

- juice (describe in the notes which kinds)
- lemonade
- milk
- flavored milk
- water
- soda
- tea
- milkshake
- float
- drinkable yogurt
- caloric supplements (describe in notes)

Notes about Liquids: \_\_\_\_\_

Vegetables:

- green beans
- brocolli
- cauliflower
- corn
- squash
- cucumber
- zucchini
- spinach
- carrots
- Lettuce



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- coleslaw
- cabbage
- sweet potatoes
- tomatoes
- asparagus
- brussel sprouts
- green pepper
- onion
- peas
- salsa
- baby veggie food

Notes about Vegetables: \_\_\_\_\_

#### Fruits

- apple
- banana
- blueberry
- cantaloupe
- cherry
- grapes
- kiwi
- lemon
- lime
- orange
- pear
- pumpkin
- watermelon
- raisin
- raspberry
- rhubarb
- strawberry
- tangerine
- tomato
- dried fruit

Notes about Fruits: \_\_\_\_\_



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Pasta/Italian

- spaghetti
- lasagna
- spaghetti o's
- spaghetti o's + meatballs
- ravioli
- tortellini
- casseroles (hamburger helper)
- Pizza (include accepted toppings in the notes section)
- rice
- mac n cheese

Notes about Pasta/Italian: \_\_\_\_\_

Soups

- cheese
- cheese and broccoli
- cheese and veggies
- chili
- stew
- vegetable
- vegetable and beef
- french onion
- egg drop
- beef noodle
- chicken noodle
- chicken and rice
- Pea

Notes about Soups: \_\_\_\_\_

Cheese/Dairy:

- cheddar
- american
- parmesan
- swiss
- monterey Jack
- Mozzarella



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- colby
- cottage cheese
- sour cream
- yogurt
- cool whip
- whipped cream
- ice cream
- Sherbet

Notes about cheese/dairy : \_\_\_\_\_

#### Potato Products

- french fries
- tator tots
- tater rounds
- hash browns
- fried potatoes
- baked potatoes
- potato chips
- potato wedges
- shoestring potato sticks
- mashed potatoes
- mashed potatoes with butted
- mashed potatoes with gravy
- scalloped/au gratin potatoes
- baked sweet potatoes
- candied sweet potatoes
- sweet potato chips
- sweet potato fries
- vegetable chips

Notes about Potatoes: \_\_\_\_\_

#### Breads

- crackers
- chips
- pretzels
- snack mix
- cheese puffs
- Bugles



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- tostitos/taco chips
- Taco Shells (hard)
- flour tortillas
- rolls
- pizza crusts
- hamburger or hot dog buns
- bread (white, wheat, rye, potato etc.)
- garlic bread sticks
- texas toast/garlic bread
- hot rolls, baked bread, crescent rolls, croissants
- biscuits
- doughnuts, sweet rolls, cinnamon rolls, caramel rolls
- banana bread, pumpkin bread, apple bread, muffins
- corn bread
- cupcakes
- cake, pies, pastries
- cheesecake
- cookies

Notes about Breads: \_\_\_\_\_

#### Meats

- Baked Chicken
- Fried Chicken
- Chicken Strips
- Chicken Nuggets
- Turkey
- Poultry
- Fish (Fried)
- Fish (baked/broiled)
- Tuna
- Salmon
- Beef (steak, roast, deli style)
- Roast
- Ribs
- Deer
- Hamburger
- Steak
- Ham
- Veal
- Pork
- Sausage





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- Bacon
- Chicken or Ham Salad
- Tuna Salad
- Meatballs
- Hot Dogs
- Corn Dogs
- Bologna
- Lunch Meat
- Lil' Smokies
- Baby Food Meat Sticks
- Baby Food Meats

Notes about Meats: \_\_\_\_\_

**OPEN ENDED QUESTIONS:**

What is your biggest concern with your child's feeding?

What goals do you have for your child to complete through feeding therapy?

Has your child ever been seen for tongue tie, lip tie, or any tethered oral tissue?

Does your child have sensory concerns other than feeding?

Does your child have reflux or gastro concerns?

Does your child or family sit at the table for meal times?

Fast Foods Your Child Likes (name of location + food items)

Your Child's Favorite Food/Liquids:

Your Child's least favorite Food/Liquids:



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What Goal Foods Would You Like to See Your Child Eat With The Rest Of The Family?

Are there times when your child eats well?

Is your child taking any medications?

Describe Meal Time:

Does your child feed him or herself? What utensils or equipment do you use?

Is your Child Involved In Food Preparation

Do You Eat as a family? How Often?

What does your child sit in for meal times?

Do you eat at the same times each day?

What Cups/Bottles are you using?

Have You been seen by a GI, Nutritionist or Feeding Specialist Prior to completing this intake form? If Yes, Describe

Comments re: Feeding or Specific Foods That May Be Helpful To Know

**THANK YOU FOR COMPLETING THIS FORM:**

By being so thorough this will not only help us as a team but help you in learning more about your child, their patterns and how to support them to have an increased quality of life with their meal time and family time.



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