**Please complete the following questions if you are referring a child because of eating and drinking concerns. Please provide as much information as you can.**

|  |  |  |
| --- | --- | --- |
| **Child’s name:**  | **DOB:** | **NHS number:**  |

|  |
| --- |
| **Main concerns** |
| What are your concerns with your child’s eating and/or drinking? How long has feeding been a concern?How is your child currently meeting their hydration and nutritional needs?

|  |
| --- |
| Oral feeding (including breastfeeding) |[ ]
| Nasogastric (NG) tube |[ ]
| Jejunal feeding (NJ/PEG-J) |[ ]
| Percutaneous Endoscopic Gastrostomy (PEG) |[ ]
| Other (please specify) |[ ]

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| **Medical history** |
| Is there a history of recurrent chest infections? Yes[ ]  No[ ] If so, how many in the past 12 months? Have they required antibiotics? Yes[ ]  No[ ] Is there a history of reflux (e.g. vomiting) associated with feeding? Yes[ ]  No[ ] If yes please give full details.Please list any current medications: Are there any concerns regarding weight? Yes[ ]  No[ ] If yes, please detail  |
|

|  |  |  |
| --- | --- | --- |
| **Current weight:** | **Current Length/Height:** | **Centile if known:** |
|  |  |  |

 |
| **Eating and drinking** |
| Please give examples of foods/ drinks your child regularly eats/ drinks?Does your child enjoy mealtimes? Yes[ ]  No[ ] If no, please provide detailsAre any of the following observed during eating and drinking?

|  |  |  |
| --- | --- | --- |
|  | Food | Drinks |
| Coughing  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |
| Choking  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |
| Wet sounding/ noisy breathing | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |
| Changes in facial colour (including around the lips) | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |
| Back arching  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |
| Grimacing | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |
| Blinking/eye widening | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |
| Gagging | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |

If yes, when do the above signs occur e.g. at the beginning, during or following feed/meal?What specific foods/ drinks does your child have the most difficulty with?Volume of fluid intake per day?How much food is your child having per day? What is the current texture they are managing (e.g. smooth puree, mashed chopped, family foods etc)?How long do meal times take typically? |