**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.**

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

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| --- |
| **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) |  | |
| **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 details  Are 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? |