♡NUTRITION SCREENING FOR CHILDREN AGES 12 TO 24 MONTHS♡

CLIENT'S NAME:_____DATE OF BIRTH:_____

REASON(S) FOR VISIT:_____DATE:_____

REFERRED BY:_____

INSURANCE NAME, NUMBER & GROUP#:_____

Name of Mother_____ Length of Pregnancy_____
Name of Father_____ Birth Weight_____
Address_____ Birth Length_____
City_____ Current Weight_____
Phone_____ Current Length_____
Doctor's name_____ Doctor's phone number_____

PRESENT & PAST **MEDICAL & SURGICAL**	**PLEASE LIST** **TYPE OF PROBLEM(S)**	**WHEN?** **FOR HOW LONG?**
CARDIOVASCULAR **(INCL. blood pressure)**		
GASTROINTESTINAL **(stomach intestines, liver)**		
UROLOGICAL **(bladder, kidney, prostate)**		
IMMUNOLOGICAL **AUTOIMMUNE (thyroid)**		
RESPIRATORY **(INCL. asthma, bronchitis)**		
REPRODUCTIVE **ENDOCRINE/HORMONE** **(INCL. hysterectomy/why?)**		
MUSCULAR-SKELETAL **(INCL. arthritis, bone loss)**		
NEUROLOGICAL **(MS, Parkinson, tremors)**		
PSYCHOLOGICAL **(PTSD, mental, emotional)**		
DERMATOLOGICAL **(skin & hair & nails)**		
EAR, NOSE & THROAT		

OTHER(S) NOT LISTED		

MEDICAL PROBLEM(S)	**MEDICATION & SUPPLEMENTS TAKEN**	**AMOUNT/HOW OFTEN/ FOR HOW LONG**

Please enclose a copy of your recent and/or pertinent blood work, or other medical records

If known: usual Blood pressure readings? Your Blood Type?										

NUTRITIONAL HISTORY & ASSESSMENT

Are you currently breast feeding your child?_____

How many times a day?_____ and at what times, _____

Are you supplementing with formula?_____

If you breast fed your child in the past, for how many months did you breast feed?_____

Did you supplement with formula?_____ Which one?_____

At what age did your child start to eat the following foods:

Solid foods_____

Cereals_____ Iron-fortified? Yes/No____

Vegetables_____ Types:_____

Fruits_____ Types:_____

Breads _____ Type: white or whole wheat?_____

Meats_____ Types:_____

Poultry_____

Fish _____ Types:_____

Eggs_____

Beans_____ Types:_____

Meat alternatives, like tofu_____

Dairy products like; cheese, yogurt, cottage cheese, milk, puddings_____

100%fruit juice _____ Types:_____

Sugar sweetened juice_____Types:_____

Sweets_____ Types:_____

How many stools does your child have per day?_____
What is the color of your child's stool?
Light brown____Yellow/green____Black____Tan/gray____Red____
Does your child experience any bloating or gas (colic) ?_____
If yes, how often does your child experience gas_____
Do ever see undigested food particles in your child's stool?_____
If yes, which foods_____
How many times has your child been on antibiotics_____for what_____

Dear Parent, in order to assess your child's diet, I need to get an accurate idea of what your child eats. When I am able to accurately assess your child's diet, I will be able to help you deal with your child's diet. Please take your time when answering the remainder of this nutrition screening questionnaire.

Common Measurement used which can help you estimate your child's food servings. If you have any, it might help to bring out measuring cups and measuring spoons to help you visualize how many servings your child eats of a particular food.

1 cup = 16 tablespoons	**½ cup = 8 tablespoons**	**1/4 cup = 4 tablespoons**
1 tablespoons = 3 teaspoons	**1 tablespoon = 15 ml**	
1 cup = 8 fluid ounces	**½ cup = 4 fluid ounces**	**1/4 cup = 2 fluid ounces**
1 cup = 250 ml	**½ cup = 125 ml**	**1/4 cup = 63 fluid ounces**

HOW MANY *½ CUPS* OF THE FOLLOWING DOES YOUR CHILD DRINK, IF YOUR CHILD DRINKS IT LESS THAN ONCE A DAY, INDICATE HOW MANY TIMES A WEEK
Please list the types of fluids your child usually drinks, how often, how much.

	DAILY OR	WEEKLY
WATER		
BREAST MILK		
MILK, WHAT %		
SOY/RICE/NUT MILK, CIRCLE WHICH ONE		
100% FRUIT JUICES		
SWEETENED JUICE		
VEGETABLE JUICES		
HERBAL TEAS (TYPE)		
REGULAR SODA (TYPE)		
DIET SODA (TYPE)		
OTHER DRINKS		

WHOLE/WHITE GRAINS, BREADS, PASTAS, CRACKERS, COLD/HOT CEREALS
One serving equals one of the following: ½ slice of bread, 1/4 bagel, 1/4 cup of cooked cereal or grain such as rice, 1/4 cup of dry cereal, 1/4 cup of granola, 1/4 cup of pasta or macaroni.
How many servings from the Grain Group do you estimate your child eats per day?_____. How many whole grain serving per day?_____. Please list *all* the types of these products your child usually eats usually, how much, how often, when, and how is it prepared, ie, cooked, mashed, pureed, toasted, soaked etc.

GRAINS/BREADS	WHEN	HOW MUCH	HOW OFTEN	PREPARATION

COOKIES, CAKES, PIES BARS, CANDY , CHOCOLATES,
SALTY SNACKS LIKE CHIPS OR PRETZELS.

Please list *all* the types of sweets and/or salty snacks your child usually eat.

TYPE OF SNACK	WHEN	HOW MUCH	HOW OFTEN

FRUIT & FRUIT JUICES

One serving of fruit equals one of the following: 1/4 cup of mashed fruit, fruit puree or fruit sauce, 1/4 apple, 1/4 banana, or 1/4 orange, 1/4 cup of chopped or canned fruit, 2 tablespoons of dried fruit,, 1/4 cup of 100% fruit juice. How many serving of fruit do you estimate your child eats per day?_____. Please list *all* the types fruits & juices you usually eat & drink, how much, how often, when,and how is it prepared, ie, raw, canned in its own juice, chopped, pureed , mashed, frozen, dried, or cooked.

FRUITS	WHEN	HOW MUCH	HOW OFTEN	PREPARATION

VEGETABLES & VEGETABLE JUICES

How many servings of vegetables do you estimate your child eats per day?____
One serving equals one of the following: 1/4 of well-cooked whole vegetable, or mashed or pureed vegetable, 1/4 c. vegetable juice. Please list *all* the types vegetables & juices you eat & drink, how much, how often, when, and how is it prepared, ie, cooked whole, mashed, pureed, or strained.

VEGETABLES	WHEN	HOW MUCH	HOW OFTEN	PREPARATION

BEEF, CHICKEN, PORK, LAMB, VENISON, AND FISH

How many serving of red meat, chicken, fish do you estimate your child eats per day or week? _____*One serving equals 1 ounces or the size of a one inch cube*.
Please list *all* the types meat, chicken & fish your child usually eat, how much, how often, when, and how is it prepared, ie, ground, chopped, mashed.

MEAT ETC.	WHEN	HOW MUCH	HOW OFTEN	PREPARATION

EGGS & DAIRY PRODUCTS

How many eggs do estimate your child eats per week?_____
How are the eggs prepared?_____

How many serving of dairy do you estimate your child eats per day? ____. *One serving of dairy equals one of the following: 1/2 cup of milk or yogurt, 1/2 cup of pudding, 1/2 cup of frozen yogurt or ice cream, 1 oz of cheese, 1/4 cup of cottage cheese, 1 tablespoon of cream cheese or sour cream.*
Please list *all* the types of dairy products you eat, how much, how often, when, and how it is prepared, ie, as part of a dish, sauce, soup, on bread, etc.

DAIRY PRODUCTS	WHEN	HOW MUCH	HOW OFTEN	PREPARATION

MEAT ALTERNATIVES & DAIRY ALTERNATIVES

One serving equals one of the following: 1/4 cup of cooked beans, 1/4 cup of tofu, 1/2 cup of soy milk, 1 tablespoon of nut butter. How many times per week do you estimate your child eats a meat alternate?_____
Please list *all* the meat alternatives & dairy alternatives you eat, how much, how often, when, and how is it prepared, ie, boiled, baked, mashed, pureed.

MEAT/ DAIRY ALTERNATIVES	**WHEN**	**HOW MUCH**	**HOW OFTEN**	**PREPARATION**

DIETARY INTAKE, THE 24 HOUR RECALL: Please recall all the foods, food quantity, beverages your child ate yesterday, or if it was an unusual day for your child please give me a pattern of a typical day.

TIME: FOOD OR BEVERAGE: AMOUNT: FOOD PREPARATION:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

MISCELLANEOUS DIETARY QUESTIONS

How many teaspoons of sugar, syrups, honey, jams, jellies or spreadable fruit does your child use either per day, week, or month?

What type of cooking oils do you use for your child, how much, how often, is it cold pressed?

What type of margarine do you use for your child, hard or soft type. What about butter or mayo? Where do you use it on? How much? How often?

How often do your child eats fried foods, ie. french fries, potato chips, tempura?

Does you child have any known food allergies? If not, do you suspect any food allergies, and which foods you suspect might give your child problems?

Dear Parent, if you have any questions regarding this nutrition screening questionnaire don't hesitate to call me. ☺