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Supplemental intake

Child's Name:

DOB:

Eating and Drinking

Were there any early feeding problems such as: difficulty nursing, colic, special formula, long feeds, difficulty transitioning to table food, or another issue that caused concern?

Please provide details:

Check all that currently apply most of the time and provide any additional observations

- Takes big bites of food
- Takes small bites of food
- Take average bites of food
- Eats quickly
- Eats slowly
- Chews with mouth open
- Chews with mouth closed
- Needs liquid to wash down food
- Belches excessively
- Digestive problems
- Eats a variety of food, textures, temperature, and flavor
- Has a restrictive or limited diet
