Vancouver CoastalHealth

PARIS PRIMARY ACCESS Regional Information System

PAEDIATRIC FEEDING ASSESSMENT

Name:		**PARIS ID:**
DOB:	**Age:**	**PHN:**
Gender:		**Phone:**
Home Address:		

Date:

Reason for Assessment: ☐ Initial Assessment ☐ Reassessment ☐ Consultation Report ☐ Discharge Report

BACKGROUND INFORMATION

Background Information

- Reason for Assessment/Concerns
- Family/Social History
- Pregnancy/Birth History
- Developmental History
- Pertinent Medical History
- Surgical History
- Medical Tests
- Medical Team/PHSA Clinics
- School Team/History

DIAGNOSIS INFORMATION

Primary	Diagnosis	Diagnosis Date	Status	Source of Information	Comments

MEDICATION

Medication	Dose	Route	Frequency	Start Date	End Date	Comments

PAEDIATRIC EQUIPMENT

Equipment	Brand/Model	Size	Supplier	Funding Source(s)	Used At	Date Obtained	Est End Date

Name:	DOB:	PARIS ID:

ACTIVITY & PARTICIPATION

Feeding History

Child's Living Situation

☐ Home ☐ Foster Care

☐ Group Care ☐ Other, Specify

How Child is Fed
Self or indicate who feeds child

Level of Assistance
Set-up help, supervision, supports used, hand-over-hand, finger feed, utensil use status (hand skills for open/close, hand to mouth)

Feeding Routine/Schedule
Frequency, length of meals, oral and tube feeding schedule

Amount/Volume Consumed
Volume per spoonful, total amount in one meal

Enjoyment/Behaviour During Meal
Child-caregiver relationship; eager to eat, starts out well and then "shuts down"; gets fussy/not eager/lethargic/struggle to feed/meal time stress/refusals/tantrums/picky

PAEDIATRIC FEEDING ASSESSMENT

Name:	DOB:	PARIS ID:

Feeding Equipment
Bottle, nosey cup, sippy cup with/without valve, straw, syringe, utensils (spoon, fork, knife)

Position for Feeding
Held by feeder, booster seat, high chair, regular chair, wheelchair, custom seating; upright, semi-upright, supine, side lying

Eating Environment
Noisy or quiet; chaos or calm; bright, dim, or dark; is there an echo; classroom or a lunchroom; seated on a chair, at a table, or at a picnic style table

Current Diet
Solids and liquids: type and consistency. Sensory preferences: texture, flavour, temperature, time of day impact on skills.

Participation and Communication

Other

Name:	DOB:	PARIS ID:

FOODS & LIQUIDS

Type	Specify	IDDSI Level	Equipment	Position	Level Of Assistance	Summary

BODY FUNCTIONS/ENVIRONMENT

Neurocognition

- Attention
- Behaviour
- Executive Function
- Learning New Skills

Musculoskeletal

- Posture
- Alignment
- Range of Motion
- Flexibility
- Joint Stability
- Contractures
- Strength

Neuromuscular

- Muscle Tone
- Balance
- Coordination
- Body/Spatial Awareness
- Proprioception

PAEDIATRIC FEEDING ASSESSMENT

Name:	DOB:	PARIS ID:

Oral Motor Structures and Function

- Lips
- Teeth and Gums
- Tongue
- Jaw
- Palate
- Cough
- Dry Swallow
- Reflexes
- Response to Sensory Stimulation
- Control of Saliva

Support

- Home
- School
- Community

Other

SUMMARY

- Summary of Assessment/Analysis
- Goals
- Recommendations
- Safety Concerns
- Plan

Signature and Credentials

Name:	DOB:	PARIS ID:

Handouts

cc