



The Lotus Tree
SENSORY INTEGRATION CENTER

The Lotus Tree
MUNCHin' Motor Mouths:
ORAL SENSORY AND FEEDING GROUP

*We look forward to matching your child with other children who have similar feeding issues.
Please help us with this process by completing the following information.*

Child's Name: _____ DOB: ____/____/____

Parent's Name: _____

Address: _____

Phone: _____/_____

Emergency Phone: _____

Current Therapist/ Type of Therapy/ Location:

Food Allergies/ Restrictions to diet:

Medications/ Digestive Enzymes:

Has your child had a swallow study in the last year? Y/N Restrictions:

Which of the following Medical Conditions apply to your child currently or in the past?

- | | |
|--|---|
| <input type="radio"/> Feeding Tube | <input type="radio"/> Swallowing problems/ aspiration |
| <input type="radio"/> Stomach pains | <input type="radio"/> Diet Restrictions |
| <input type="radio"/> Constipation/ diarrhea | <input type="radio"/> Gagging |
| <input type="radio"/> Gastroesophageal Reflux (GERD) | <input type="radio"/> Constipation |
| <input type="radio"/> Immune System problems | <input type="radio"/> Vomiting |
| <input type="radio"/> GI discomfort | |

When did your child's feeding problems start?

List Your Family's current frustrations related to eating:

List Your Family's current routine with mealtimes:

List the best thing that is happening related to feeding:

List Feeding Approaches/ Programs/ Diets You Are Currently Using or have tried:

List Primary Flavors Your Child Likes:

List Food Consistencies (pureed, lumpy, mixed, hard) Your Child Swallows on a Regular Basis:

List any edible or inedible textures your child prefers to touch:

Preferred Foods

Proteins	Carbohydrates	Fruits and Veggies

Non-Preferred Foods / Foods Eaten in Your Home

Proteins	Carbohydrates	Fruits and Veggies