

CLIENT-BACKGROUND INFORMATION

NAME	Parent/Caregiver
Date of Birth	Address
Date of Assessment	Phone
Age	email:
Evaluator	

GESTATIONAL HISTORY
Length of Gestation
Illness/Hospitalization/Falls (Maternal)
Medications (Maternal)
Other Concerns

LABOR	
Spontaneous	Duration of Labor
Induced	If induced, length of time on Pitocin
Medications/Anesthesia	
Fetal Monitor in Place	Fetal Distress Noted
C-Section	
Other Concerns	

DELIVERY	Birth Weight
Problems Breathing	Oxygen Required
	Delivered via Mask or Endotracheal
	Duration of Oxygen Use
Problems sucking at Birth	By day 3
Fed via Breast, Bottle or Non-Oral	
If Bottle, Type-Gravity Flow or Negative Flow	
Nipple – Preemie, Regular, Enlarged Hole, Crosscut, Haberman	
	Duration
Other Concerns	Apgars
Gastrointestinal	
Circulatory	Tone
Respiratory	

FOOD TOLERANCE			
Cold	Crunchy	Grainy	Bitter
Hot	Thick Food/Fluid	Sweet	Salty
Chewy	Thin Food/Fluid	Sour	

DIAGNOSIS	
When Made	
Vision	Hearing

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INTAKE AS INFANT			
Method	Breast	Bottle-Type	Nipple Type
Position of infant for feeding			
Average Intake Per Feeding		Oz In	Minutes
Average Intake Per Day			
Type of Formula			
Constipation	How Treated		
Reflux	How Treated		

SOLIDS	Age Began	Liquids	Age Began
Cereal from a spoon		Cup without lid or spout	
Pureed Fruits/Veggies		Straw	
Pureed Meats			
¼" Size Pieces			
½" Size Pieces		Thumb sucking	
Raw Fruits/Veggies		Pacifier Type	
Regular Meats		Ended Use of Pacifier	

HEALTH SINCE BIRTH			
Illness/Hospitalizations/Operations			
Intake during Hospitalizations	Oral	Non Oral-OG NG	
		Duration	
Ear Infections	How Treated		
Seizure			
Medications			

ORAL HEALTH/DEVELOPMENT			
When did teeth erupt			
Gagging			
Bruxism – Frequency	AM/PM/Both	What Positions?	
Drooling – Frequency	AM/PM/Both	What Positions?	
Tolerance of Toothbrushing			
Tolerance of Touch to Face and Head			
Last Visit to Dentist	Findings		

VOCALIZATIONS/VERBALIZATIONS
ADDITIONAL CONCERNS