



# Pediatric Therapy Partners

PHYSICAL THERAPY • OCCUPATIONAL THERAPY • SPEECH-LANGUAGE THERAPY

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## 3-Day Diet History Form

### **Instructions:**

You are being asked to record all foods and drinks eaten/drunk by your child for 3 days in a row. The following directions will guide you in filling out the form. Please complete this history and send the information to Pediatric Therapy Partners with the rest of your forms, OR bring it with you to your appointment.

1. Please fill out ALL the information at the top of the first page.
2. Please record the DATE and DAY of the week for each day. Record ALL food and drinks eaten along with the TIME your child ate or drank them. It is best to carry the history form with you and to record items immediately so that nothing is missed.
3. Include an EXACT description of the item and your best guess of the portion size of the amount eaten. Write the brand name of formula your child is on (i.e. Enfamil, Prosobee, etc.), what type of juice he/she drank (i.e. apple, grape, etc.), any special recipes for drink mixtures your child uses (i.e. 24 calorie Isomil + tsp Polycose), and any additions to foods (i.e. ¼ cup mashed potatoes + 1 Tbsp margarine). Be sure to include dressings, sauces, gravies, or anything extra.
4. It is suggested that you may wish to use measuring spoons and cups when serving your child for these 3 days to report the amounts eaten/drunk better.

### **Example:**

DATE	TIME	FOOD/DRINK ITEM	AMOUNT	BOTTLE	CUP	MOUTH	G-TUBE
1/1/08	4 PM	Gerber applesauce #2	1 ounce			X	
		White bread	¼ slice			X	
		Ham lunch meat	½ ounces			X	
		Mayonnaise	1 tsp			X	
		White grape juice	1 ounce			X	
	7 pm	Similac Formula	4 ounces	x		x	
	9 pm	Pediasure with fiber	8 ounces				x