

## OUTPATIENT NUTRITION EVALUATION

Please bring the following items to the first visit:

- Nutrition Case History Form
- A Growth Chart from your pediatrician, you may have it faxed to our office at 508-833-2216.
- Any recent reports from previous testing or reports (i.e. blood work results, allergy testing, Modified Barium Swallow studies, GI specialists, nutritionist, medical doctor, behaviorists, etc.)
- Please complete the Food Intake Record. The food record is intended to give us a better understanding of your child's eating habits.
  - a. Record all meals, snacks, drinks, and nutrition supplements your child consumes over a 3-day period. (Please try to include at least one weekday and one weekend day).
  - b. Record the amount of the item in household measurements (quarts, cups, tablespoons, teaspoons, pounds, ounces).
  - c. Record the type of food (for example sweetened, lean, sugarless, low sodium, etc.) and how it was prepared (baked, broiled, fried, etc.) in the Description column.

Please call 508-833-1060, if you have any questions.

We look forward to working with you and your family!

