

Pediatric Food & Drink Record

Weight _____

Height _____

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

How to record what your child eats*:

- Write down everything that your child eats and drinks for three days. Include at least one weekend day (*Saturday or Sunday*). Include added foods like condiments, sauces, and dressings. *If your child receives food/formula by tube, please include everything that goes into the tube (*formula, blended food, water, other, etc*).
- Include the amount offered and the amount eaten. Please fill out using household measures to help describe portion size;
 - Tablespoon (*TBSP*), teaspoon (*TSP*), ¼ cup, ½ cup
 - Volume in milliliters – mL or ounces (*oz*)

Help your child eat as they would normally during the recording period. Be assured that this form is a tool to help you explain how your child eats and is not a test.

	Time of day and length of meal or snack	Food or Drink <i>(describe)</i>	How much your child ate	How much food or drink offered to your child	Texture, e.g. puree, minced, diced, shredded, finger foods	Where your child ate	Child's attitude towards meal e.g. excited, anxious, fearful	Comments e.g. stress, emotions, sleep, activities or distractions <i>(e.g. tv, computer)</i>
Example	7:30am 30 mins	Baby rice cereal (dehydrated). Breast milk Banana	1 tsp of rice cereal, breastmilk, and banana mixture	Prepared 2 TBSP of dry cereal and added 1 oz. breast milk and mashed up ¼ banana	Pureed with soft lumps	Kitchen, high-chair	Jamie seemed hungry for breakfast. But then he tasted the cereal and spit it out.	Won't eat without the i-Pad

Bring this Three Day Food and Drink Record with you to your clinic appointment on _____ unless otherwise instructed.

OFFICE USE ONLY

Analysis needed by: _____

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DAY 1								

List all vitamins, mineral supplements, herbal compounds and other nutrition supplements your child takes. Include how often they are taken *(i.e. daily, every 2 days, weekly, monthly, when I remember...)*:

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DAY 2	Time of day and length of meal or snack	Food or Drink <i>(describe)</i>	How much your child ate	How much food or drink offered to your child	Texture, e.g. puree, minced, diced, shredded, finger foods	Where your child ate	Child's attitude towards meal e.g. excited, anxious, fearful	Comments e.g. stress, emotions, sleep, activities or distractions <i>(e.g. tv, computer)</i>

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DAY 3	Time of day and length of meal or snack	Food or Drink <i>(describe)</i>	How much your child ate	How much food or drink offered to your child	Texture, e.g. puree, minced, diced, shredded, finger foods	Where your child ate	Child's attitude towards meal e.g. excited, anxious, fearful	Comments e.g. stress, emotions, sleep, activities or distractions <i>(e.g. tv, computer)</i>

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Food Acceptance Log

Think about your child's eating patterns over the past _____

Does your child eat or drink the following food?

Use the blank spaces to list other foods, drinks, or supplements your child may accept or refuse.

In the column on the right, indicate: A = accepted R = refused or leave blank if you have never offered

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Vegetables & Fruit			
Asparagus	Canned fruit	Kiwi	Pumpkin
Banana	Cantaloupe	Lettuce	Raisins, Craisins
Beets	Carrot	Mango	Spinach
Apple	Cauliflower	Nectarines	Squash
Applesauce	Celery	Oranges	Sweet Potato
Apricots	Corn/creamed/cobs	Papaya	Tomatoes, sauce
Avocado	Cucumbers	Peaches	Watermelon
Berries:	Dried Fruit	Pears	Zucchini
Blueberries	Fruit leather	Peas	
Strawberries	Fruit/Vegetable pouches	Peppers	
Other Berries	Grapes	Plums	
Broccoli	Green Beans	Potatoes	
Brussels Sprouts	Honeydew	Prunes	
Protein			
Eggs	Meat & Poultry:	Fish and shellfish:	Nuts and seeds:
Dairy:	Beef, Ground Beef	Canned Fish	Almonds
Cheese (hard)	Chicken Nuggets	Fish Sticks	Cashews
Cheese (processed)	Chicken, Turkey	Salmon	Hemp Hearts
Cheese (soft)	Deli Meats	Other fish	Nut butters
Cow's milk	Ham	Shellfish	Peanuts
Flavoured milk	Hamburger	Shrimp	Sunflower seeds
Milkshake	Hotdogs		
Pudding	Lamb		
Smoothie (milk based)	Meatballs	Beans, peas and lentils:	
Yogurt drink	Pork	Dried beans <i>(e.g. black beans, kidney beans)</i>	
Yogurt flavoured	Sausage	Lentils <i>(e.g. baked beans, green, red)</i>	
Yogurt plain		Peas <i>(e.g. chickpeas, dahl, split peas)</i>	
Yogurt tube			
		Soy products <i>(e.g. soy beverages, tofu, soybeans)</i>	
Grains			
Bagels	Crackers	Naan	Rice
Bread	Croissants	Pancakes/Waffles	Roti
Buns	French Toast	Pasta/Noodles	
Cereal (cold)	Granola Bars	Pita Bread	
Cereal (hot)	Muffins	Quinoa	

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Mixed dishes	Other	Condiments	Drinks
Chili	Bacon	Butter	Breastmilk
Curry	Candy	Cream	Coffee
Macaroni and Cheese	Cake	Dips <i>(e.g. hummus, French onion, Ranch)</i>	Formula
Lasagna	Chips	Dressings	Fruit Beverage
Pizza	Chocolate	Ketchup	Iced Tea
Spaghetti	Cookies	Mustard	Juice <i>(e.g. orange, apple, vegetable)</i>
Stir Fry	Donuts	Salsa	Plant-based drink <i>(e.g. rice, oat, coconut, almond milk)</i>
Tacos	French Fries	Sauces	Pop
	Ice cream	Vegetable Oils <i>(e.g. avocado, canola, coconut, olive)</i>	Tea
	Olives		Water
	Pickles		
	Flavoured Popcorn		
	Popsicles		
Additional foods not listed			

Water *(amount/day)*

Comments *(e.g. foods refused, favorite foods, etc.)*