



Feeding Therapy Intake Form - Food Log

Please list all foods that your child eats from the following categories (including snack foods). Please add fluids under any category.

Carbohydrates	Proteins	Fruits/Veggies

Foods your child used to eat:

Non-Preferred Foods:

Family/Child Goal Foods:



What your child eats on a “typical” day/please include snacks and drinks, time of day, and quantity if possible:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Drinks: _____
