

# Food Chaining Intake Form

Patient's Name

Date of Birth

Guardian Completing Form

Referring Provider

## Your Child's Preferences

*Texture Preference*

- |                                  |                                |                                 |                                        |
|----------------------------------|--------------------------------|---------------------------------|----------------------------------------|
| <input type="checkbox"/> Crunchy | <input type="checkbox"/> Crisp | <input type="checkbox"/> Smooth | <input type="checkbox"/> Uniform lumpy |
| <input type="checkbox"/> Lumpy   | <input type="checkbox"/> Hard  | <input type="checkbox"/> Chewy  | <input type="checkbox"/> Mixed         |

*Taste Preference*

- |                                   |                                |                                |                               |
|-----------------------------------|--------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Salty    | <input type="checkbox"/> Sweet | <input type="checkbox"/> Spicy | <input type="checkbox"/> Tart |
| <input type="checkbox"/> Flavored | <input type="checkbox"/> Bland |                                |                               |

*Temperature Preference*

- |                              |                               |                               |                               |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Hot | <input type="checkbox"/> Warm | <input type="checkbox"/> Cold | <input type="checkbox"/> Cool |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|

*Appetite*

- |                               |                               |                               |                                 |
|-------------------------------|-------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Varies |
|-------------------------------|-------------------------------|-------------------------------|---------------------------------|

*Best time to eat*

- |                                  |                                    |                                  |                                |
|----------------------------------|------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Night |
|----------------------------------|------------------------------------|----------------------------------|--------------------------------|

*Selective Eating Age of Onset*

*Number of Foods Accepted*

*Number of Liquids Accepted*

## Foods by Categories

*Breads*

Please list any breads your child used to eat but no longer accepts

- |                                             |                                             |                                              |
|---------------------------------------------|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Crackers           | <input type="checkbox"/> Chips              | <input type="checkbox"/> Pretzels            |
| <input type="checkbox"/> Snack mix          | <input type="checkbox"/> Bugles             | <input type="checkbox"/> Cheese puffs        |
| <input type="checkbox"/> Flour tortilla     | <input type="checkbox"/> Taco shells (hard) | <input type="checkbox"/> Tostitos/taco chips |
| <input type="checkbox"/> Rolls              | <input type="checkbox"/> Pizza crusts       | <input type="checkbox"/> Hamburger bun       |
| <input type="checkbox"/> Hot dog buns       | <input type="checkbox"/> Bread              | <input type="checkbox"/> Plain breadsticks   |
| <input type="checkbox"/> Garlic breadsticks | <input type="checkbox"/> Garlic texas toast | <input type="checkbox"/> Hot rolls           |
| <input type="checkbox"/> Biscuits           | <input type="checkbox"/> Doughnuts          | <input type="checkbox"/> Cinnamon rolls      |
| <input type="checkbox"/> Muffins            | <input type="checkbox"/> Banana bread       | <input type="checkbox"/> Pumpkin bread       |
| <input type="checkbox"/> Corn bread         | <input type="checkbox"/> Cake/Cupcakes      | <input type="checkbox"/> Pies                |
| <input type="checkbox"/> Pastries           | <input type="checkbox"/> Cheesecake         | <input type="checkbox"/> Cookie              |
| <input type="checkbox"/> Others:            |                                             |                                              |

*Meats*

Please list any meats your child used to eat but no longer accepts

- |                                          |                                             |                                         |
|------------------------------------------|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Baked chicken   | <input type="checkbox"/> Fried chicken      | <input type="checkbox"/> Chicken strips |
| <input type="checkbox"/> Chicken nuggets | <input type="checkbox"/> Turkey             | <input type="checkbox"/> Poultry        |
| <input type="checkbox"/> Fried fish      | <input type="checkbox"/> Baked/broiled fish | <input type="checkbox"/> Tuna           |
| <input type="checkbox"/> Salmon          | <input type="checkbox"/> Beef               | <input type="checkbox"/> Roast          |
| <input type="checkbox"/> Ribs            | <input type="checkbox"/> Deer               | <input type="checkbox"/> Hamburger      |

- |                                     |                                         |                                            |
|-------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Steak      | <input type="checkbox"/> Ham            | <input type="checkbox"/> Veal              |
| <input type="checkbox"/> Pork       | <input type="checkbox"/> Sausage        | <input type="checkbox"/> Bacon             |
| <input type="checkbox"/> Ham salad  | <input type="checkbox"/> Tuna salad     | <input type="checkbox"/> Meatballs         |
| <input type="checkbox"/> Hot dog    | <input type="checkbox"/> Corn dog       | <input type="checkbox"/> Bologna           |
| <input type="checkbox"/> Lunch meat | <input type="checkbox"/> Baby food meat | <input type="checkbox"/> Meat Alternatives |
| <input type="checkbox"/> Others:    |                                         |                                            |

**Nuts**

Please list nuts your child used to eat but no longer accepts:

- |                                  |                                 |                                     |
|----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Peanut  | <input type="checkbox"/> Walnut | <input type="checkbox"/> Cashew     |
| <input type="checkbox"/> Pecan   | <input type="checkbox"/> Almond | <input type="checkbox"/> Nut butter |
| <input type="checkbox"/> Others: |                                 |                                     |

**Potato Products**

Please list potato products your child used to eat but no longer accepts:

- |                                             |                                            |                                             |
|---------------------------------------------|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Fries              | <input type="checkbox"/> Tater tots        | <input type="checkbox"/> Tater rounds       |
| <input type="checkbox"/> Hash browns        | <input type="checkbox"/> Fried             | <input type="checkbox"/> Baked              |
| <input type="checkbox"/> Wedges             | <input type="checkbox"/> Shoestring Sticks | <input type="checkbox"/> Mashed (Plain)     |
| <input type="checkbox"/> Mashed + butter    | <input type="checkbox"/> Mashed + gravy    | <input type="checkbox"/> Au Gratin          |
| <input type="checkbox"/> Sweet potato       | <input type="checkbox"/> Candied potato    | <input type="checkbox"/> Sweet potato fries |
| <input type="checkbox"/> Sweet potato chips | <input type="checkbox"/> Chips             | <input type="checkbox"/> Vegetable chips    |
| <input type="checkbox"/> Others:            |                                            |                                             |

**Condiments**

Please list condiments your child used to eat but no longer accepts:

- |                                           |                                        |                                        |
|-------------------------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Ketchup          | <input type="checkbox"/> Mayo          | <input type="checkbox"/> Miracle whip  |
| <input type="checkbox"/> Mustard          | <input type="checkbox"/> Dijon mustard | <input type="checkbox"/> Spicy mustard |
| <input type="checkbox"/> BBQ sauce        | <input type="checkbox"/> Steak sauce   | <input type="checkbox"/> Chili sauce   |
| <input type="checkbox"/> Worcestershire   | <input type="checkbox"/> Ranch         | <input type="checkbox"/> Chip dip      |
| <input type="checkbox"/> Butter/Margarine | <input type="checkbox"/> Gravy         | <input type="checkbox"/> Others:       |

**Breakfast Foods**

Please list breakfast foods your child used to eat but no longer accepts:

- |                                           |                                                |                                            |
|-------------------------------------------|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Oatmeal          | <input type="checkbox"/> Cream of wheat        | <input type="checkbox"/> Pop tarts         |
| <input type="checkbox"/> Dry cereal       | <input type="checkbox"/> Pancakes + fruit      | <input type="checkbox"/> Pancakes + syrup  |
| <input type="checkbox"/> Homemade waffles | <input type="checkbox"/> Frozen waffles        | <input type="checkbox"/> French toast      |
| <input type="checkbox"/> Scrambled eggs   | <input type="checkbox"/> Omelet                | <input type="checkbox"/> Hard boiled eggs  |
| <input type="checkbox"/> Poached eggs     | <input type="checkbox"/> Eggs + Sides          | <input type="checkbox"/> Toast with butter |
| <input type="checkbox"/> Toast with jelly | <input type="checkbox"/> Toast with nut butter | <input type="checkbox"/> Toast with honey  |
| <input type="checkbox"/> Breakfast shakes | <input type="checkbox"/> Yogurt                | <input type="checkbox"/> Grits             |
| <input type="checkbox"/> Fresh fruit      | <input type="checkbox"/> Smoothies             |                                            |
| <input type="checkbox"/> Others:          |                                                |                                            |

**Vegetables**

Please list vegetables your child used to eat and no longer accepts:

- |                                       |                                   |                                      |
|---------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Green beans  | <input type="checkbox"/> Broccoli | <input type="checkbox"/> Cauliflower |
| <input type="checkbox"/> Corn         | <input type="checkbox"/> Squash   | <input type="checkbox"/> Cucumber    |
| <input type="checkbox"/> Zucchini     | <input type="checkbox"/> Spinach  | <input type="checkbox"/> Carrots     |
| <input type="checkbox"/> Lettuce      | <input type="checkbox"/> Coleslaw | <input type="checkbox"/> Cabbage     |
| <input type="checkbox"/> Sweet potato | <input type="checkbox"/> Tomatoes | <input type="checkbox"/> Asparagus   |
| <input type="checkbox"/> Onion        | <input type="checkbox"/> Peas     | <input type="checkbox"/> Salsa       |

Baby food veggies (list)     Others:

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**Fruits**

Please list fruits your child used to eat but no longer accepts:

- |                                     |                                     |                                      |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Apple      | <input type="checkbox"/> Banana     | <input type="checkbox"/> Blueberry   |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Cherry     | <input type="checkbox"/> Grapes      |
| <input type="checkbox"/> Kiwi       | <input type="checkbox"/> Lemon      | <input type="checkbox"/> Lime        |
| <input type="checkbox"/> Orange     | <input type="checkbox"/> Pear       | <input type="checkbox"/> Pumpkin     |
| <input type="checkbox"/> Watermelon | <input type="checkbox"/> Raisin     | <input type="checkbox"/> Raspberry   |
| <input type="checkbox"/> Rhubarb    | <input type="checkbox"/> Strawberry | <input type="checkbox"/> Tangerine   |
| <input type="checkbox"/> Tomato     | <input type="checkbox"/> Mango      | <input type="checkbox"/> Dried fruit |
| <input type="checkbox"/> Others:    |                                     |                                      |

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**Liquids**

Please list liquids your child used to eat but no longer accepts:

- |                                                      |                                           |                                      |
|------------------------------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fruit Juice (list)          | <input type="checkbox"/> Lemonade         | <input type="checkbox"/> Whole milk  |
| <input type="checkbox"/> 2% milk                     | <input type="checkbox"/> 1% milk          | <input type="checkbox"/> Unsweet tea |
| <input type="checkbox"/> Soda (list)                 | <input type="checkbox"/> Sweet Tea        | <input type="checkbox"/> Milkshake   |
| <input type="checkbox"/> Floats                      | <input type="checkbox"/> Drinkable Yogurt | <input type="checkbox"/> Water       |
| <input type="checkbox"/> Supplements (list flavors): |                                           |                                      |
| <input type="checkbox"/> Others:                     |                                           |                                      |

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**Grain Dishes**

Please list grains your child used to eat but no longer accepts:

- |                                    |                                         |                                     |
|------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Spaghetti | <input type="checkbox"/> Lasagna        | <input type="checkbox"/> Ravioli    |
| <input type="checkbox"/> Pizza     | <input type="checkbox"/> Pizza Toppings | <input type="checkbox"/> Couscous   |
| <input type="checkbox"/> Quinoa    | <input type="checkbox"/> Rice           | <input type="checkbox"/> Casseroles |

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**Soups**

Please list soups your child used to eat but no longer accepts:

- |                                           |                                            |                                             |
|-------------------------------------------|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Cheese           | <input type="checkbox"/> Cheese & broccoli | <input type="checkbox"/> Cheese & vegetable |
| <input type="checkbox"/> Chili            | <input type="checkbox"/> Stew              | <input type="checkbox"/> Vegetarian         |
| <input type="checkbox"/> Vegetable & beef | <input type="checkbox"/> French onion      | <input type="checkbox"/> Egg drop           |
| <input type="checkbox"/> Beef noodle      | <input type="checkbox"/> Chicken noodle    | <input type="checkbox"/> Chicken & rice     |
| <input type="checkbox"/> Others:          |                                            |                                             |

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**Dairy**

Please list dairy your child used to eat but no longer accepts:

- |                                    |                                         |                                        |
|------------------------------------|-----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Cheddar   | <input type="checkbox"/> American       | <input type="checkbox"/> Parmesan      |
| <input type="checkbox"/> Swiss     | <input type="checkbox"/> Monterey Jack  | <input type="checkbox"/> Mozzarella    |
| <input type="checkbox"/> Colby     | <input type="checkbox"/> Cottage Cheese | <input type="checkbox"/> Sour cream    |
| <input type="checkbox"/> Yogurt    | <input type="checkbox"/> Cool whip      | <input type="checkbox"/> Whipped cream |
| <input type="checkbox"/> Ice cream | <input type="checkbox"/> Sherbet        |                                        |
| <input type="checkbox"/> Others:   |                                         |                                        |

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**Fast Food (Please List Fast Foods Your Child Regularly Eats & Accepts):**

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*This data will be used to analyze patterns and similarities between your child's favorite and least favorite foods.*

**Favorite foods/liquids**

- 1.
- 2.
- 3.
- 4.
- 5.

**Least favorite foods/liquids**

- 1.
- 2.
- 3.
- 4.
- 5.

**Goal foods**

- 1.
- 2.
- 3.
- 4.
- 5.

*Please share any additional information that you feel may be useful in reviewing your child's current and/or previously accepted foods:*

This form was adapted from the book *Food Chaining The Proven 6 Step Plan to Stop Picky Eating, Solve Feeding Problems, and Expand Your Child's Diet* by Fraker, C., et al., Da Capo Press, 2007, Binding: Paperback.