



Very Special Kids

Feeding and Food Chart Oral

GOLDCARE NUMBER (CLIENT ID)

GIVEN NAME

FAMILY NAME

DATE OF BIRTH

SEX

Instructions: To be completed by family in conjunction with Daily Care Routine prior to VSK visit.

Please answer all questions relevant, please sign and date and return to VSK when requested

Special Dietary Needs:

Food Allergies/Intolerances:

Swallowing Ability?

Usual type of diet

- Puree
- soft mashed
- normal
- other

Drinks from:

- cup
- cut out cup
- feeding cup with straw
- bottle
- pop top
- syringe
- other

Special Feeding Technique

(E.g. placement of food, Temperature etc.)

Instructions

Feeding Position

- chair
- wheelchair
- tumble form
- other

Drinks consistency:

- thin
- thickened
- nectar
- normal

Time

Food and Beverages (please add what your child likes to drink as well as eat)

Family member Signature

Date:

Staff Signature

Date:

Designation