Dear Parents:

Your child has been scheduled for an initial appointment with one of the coordinators of the Feeding Disorders Team. The time and date of this appointment will be mailed along with your appointment confirmation. The coordinators of the Feeding Disorders Team are nurse specialists in the Department of Gastroenterology and Nutrition. At the initial appointment, the coordinator will take a comprehensive history and determine if any medical work-up needs to be undertaken. A feeding will **not** be observed at the initial appointment. The coordinator will also determine if your child needs to be seen for a full evaluation at a later date by the entire Feeding Disorders Team. The Feeding Disorders Team consists of specialists from Gastroenterology, Nutrition, and Psychiatry as well as consultants from Occupational Therapy and Speech Therapy.

What do you need to bring to the initial appointment?

1. A three day food record (included) where you write down everything your child eats and drinks for three days in a row.
2. A copy of your child's growth chart (can be obtained from your pediatrician).
3. Any pertinent medical records (blood tests, x-rays, endoscopic tests).
4. A referral for GI if required by your insurance.

What do you do if you have additional questions?

If you have questions about this appointment, please contact the Gastroenterology scheduler at 202-476-3032.

Sincerely,

Laura McWade Paez, CPNP
Feeding Disorders Team Coordinator
Department of GI and Nutrition

Instructions for 3-Day Food Record

1. Please record all foods eaten including any snacks, beverages, vitamin/herbal supplements your child consumes.

2. Try to use standard measurements when estimating the amount of food eaten. For example, use teaspoon or tablespoon instead of bites, and ounces or cups instead of "a glass".

3. Don't forget to include any extras that you add to food such as margarine, butter, mayonnaise, gravy, ketchup, sugar, syrups, etc.

4. If your child attends school, summer camp or daycare, gathering information regarding what they consumed during the day is helpful.

5. Refer to the following EXAMPLE food record attached for guidance.

Please return this record to:_____

Department of GI and Nutrition
Children's National Medical Center
111 Michigan Avenue, NW
Washington DC 20010
FAX: 202-476-4156

Food Record EXAMPLE

Date:_____

Date and Time of Day	**Foods and Drinks Offered** *Please include brand names and types of food as well as ingredients added to recipes	**Amount/ Portion Eaten** (i.e. 1 Cup, 4 oz)	**Method of Measurement** (measuring cup, spoons, scale)	RD Use Only
8:30 AM	Cheerios	1 Cup	Measuring cup	
	2 % milk	6 oz	Measuring cup	
	½ of a large banana	½ of banana	Cut in half	
	6 oz of orange juice	6 oz	Measuring cup	
1:00 PM	whole wheat bread for ½ turkey/cheese sandwich	1 slice	Food label	
	1 Slice Deli Turkey	1 oz	Food label	
	1 Slice American Cheese	1 oz	Food label	
	Mayonnaise	1 tsp	Measuring spoon	
	Potato Chips	15 Chips	Counted	
3:00 AM	Ritz Crackers	6	Counted	
	Mozzarella Cheese stick	½ ounce	Food label	
6:00 PM	Macaroni pasta	1 Cup	Measuring cup	
	Jarred tomato sauce, Ragu	½ Cup	Measuring cup	
	Beef Meatballs	2 – 1 ounce each	Food label	
	Broccoli	½ Cup	Measuring cup	
	2 % Milk	8 oz	Measuring cup	
	Chocolate Pudding made with 2 % milk	1 Cup	Measuring cup	

Food Record

Date:_____

Time of Day	**Foods and Drinks Offered** *Please include brand names and types of food as well as ingredients added to recipes	**Amount/Portion Eaten** (i.e. 1 Cup, 4 oz)	**Method of Measurement** (measuring cup, spoons, scale)	RD Use Only