


Name: \_\_\_\_\_ Chart #: \_\_\_\_\_ DOS: \_\_\_\_\_

**Parent & patient should work together to provide answers and then sign on the back side. DO NOT SKIP ANY ANSWERS**

**\*\*Note: This form is double-sided.\*\***

**Nutrition:**

Size of patient's fist = 1 portion/serving 

Dairy- milk (6-8oz = 1 serving), cheese (1 stick or 1 slice =1 serving), yogurt (4-6oz = 1 serving)

**Total Daily:** Milk (whole, 2%, 1%, skim) \_\_\_\_\_ oz/day Cheese \_\_\_\_\_ sticks or slice/d Yogurt \_\_\_\_\_ oz/day

**Total Daily:** Water \_\_\_\_\_ oz Water Bottle Size \_\_\_\_\_ oz

Pre-hydrate \_\_\_\_\_ oz/Re-hydrate with H2O after exercise(Park/Walking/Bike/Sports/Etc.) \_\_\_\_\_ oz

**Total Daily:** Sweet drinks \_\_\_\_\_ oz of what drink (juice, lemonade, crystal light, tea, soda, sports drinks) \_\_\_\_\_

**Breakfast: (# of fists)**

Fruits	Carbs/Starch	Bacon/Ham/Sausage
0	0	0
1	1	1
2	2	2

Typical Breakfast (If cereal, list type)

\_\_\_\_\_

\_\_\_\_\_

**Lunch (# of fists)**

Fruits	Carbs/Starch	Green Leafy	Other Vegetables
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3

**\*\*Circle Type of Food\*\***

**Green Leafy/Iron-Rich Vegetables:** asparagus, broccoli, brussel sprouts, cabbage, collards, romaine, kale, spinach, mushrooms, lentils

**Protein:** red meat(beef, pork, lamb, eggs, tuna, salmon, dark chicken, beans(Not Green Beans), peas, tofu

**Carbs/Starch/Junk Food:** Pasta, bread, rice, potatoes, cereal, grits, waffles/pancakes, chips, crackers, candy, cookies, ice-cream, packaged fruit snacks, fast food

**Healthy Snacks:** raisins, cheese, yogurt, fruit, vegetables, trail mix, nuts

**Snacks:**

Junk Food	Healthy Snack	Other Vegetables	Fruit
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3

Second Helpings	YES	NO
Bread with Dinner	YES	NO
Serve milk w/ dinner	YES	NO

**Dinner: (# of fists)**

Fruits	Carbs/Starch	Green Leafy	Other Vegetables
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3

**Other**

Fast food \_\_\_\_\_ x per week/ Typical Places \_\_\_\_\_

**Protein Per Week (how many times per week)**

Red meat \_\_\_ Eggs \_\_\_ Tuna/Salmon \_\_\_ Dark chicken/Turkey \_\_\_ Beans \_\_\_ Peas \_\_\_ Peanut Butter \_\_\_ Tofu \_\_\_

P	C/S	GL	V	F	C/Y/M
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Office use only\*

**TURN OVER TO COMPLETE THE BACK SIDE AND SIGN ONCE COMPLETE**








**Lifestyle: Questions 1-4 below**

1. **Sleep:**
  - a. SCHOOL/SUMMER CAMP Weekday: Bedtime \_\_\_\_\_ Wakeup Time \_\_\_\_\_
  - b. WEEKENDS/SUMMER: Bedtime \_\_\_\_\_ Wakeup Time \_\_\_\_\_
  - c. Naps: Do you nap? \_\_\_\_\_ If so, \_\_\_\_\_ days weekly, # of naps \_\_\_\_\_ & duration of nap \_\_\_\_\_ hrs
  - d. Go to bed awake and alone? \_\_\_\_\_
2. **NON-ACADEMIC Reading for fun:** \_\_\_\_\_ mins/day
3. **Exercise:**
  - a. Outside \_\_\_\_\_ mins/day School or Daycare Recess \_\_\_\_\_ mins/day
  - b. P.E. \_\_\_\_\_ mins/week School Sports \_\_\_\_\_ min/week Types \_\_\_\_\_
  - c. Extra-Curricular \_\_\_\_\_ min/week Types \_\_\_\_\_
4. **NON-ACADEMIC Screen Time:**
  - a. **Weekdays:** TV \_\_\_\_\_ min/day Tablet \_\_\_\_\_ min/day Video Games \_\_\_\_\_ min/day Phone \_\_\_\_\_ min/day
  - b. **Weekends/Summer:** TV \_\_\_\_\_ min/day Tablet \_\_\_\_\_ min/day Video Games \_\_\_\_\_ min/day Phone \_\_\_\_\_ min/day

**Bowel Movements**

- A. How MANY bowel movements daily \_\_\_\_\_ or weekly \_\_\_\_\_?
- B. Please **circle** which bold word describes your bowel movements
  - a. Is it **Hard** or **Soft but Formed**? Does it **Plop/Splash** or **Slide in**? Do you have to **strain**? **YES/NO**
  - b. Do you have any **pain**? **YES/NO** Is there every any **blood**? **YES/NO**
  - c. Do you ever have **smears** in your underwear? **YES/NO**
  - d. Do you ever have **diarrhea** off and on for just one day? **YES/NO**
- C. Size of Bowel: **Pellets** **Marble** **Ping Pong Ball** **Tennis Ball**
- D. **Bristol Stool Chart Numbers:** Between \_\_\_\_\_ and \_\_\_\_\_
- E. How long does it take to go \_\_\_\_\_ mins

**Bristol Stool Chart**

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

Parent Signature: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

**Your signature confirms you've reviewed and agree with answers.**