

OTA-Wakefield
607 North Ave. #14
Wakefield, MA 01880

Feeding Program
781-245-4446

Name: _____

DOB: _____

Date: / / 2012 **Sun Mon Tu Wed Thurs Fri Sat**

Daily Food Log

Please record all food, liquid, and medications for 3 days.

Time	Food or Liquid Offered	Amount	Feeding		Medication (Name and Dosage)
			Oral	Tube	

Today, my child's appetite was: ___ Usual ___ Better than usual ___ Poor

Today, my child was ill: ___ Yes ___ No

Please describe: _____

Where does your child sit for meals? _____

If your child is on formula, what kind? _____

Additional Notes: _____

Form Completed by: _____