North Carolina Eye, Ear, Nose & Throat

Please list everything your child eats or drinks (including tube-feeds) for three days:

Example: Day 1

8:00	formula	2 ounces	held reclined
9:30	stage 1 bananas 3 fruit stars	2 ounces	highchair- gagged
11:00	formula 4 ounces		

Patient Name:
Day / Date

time	food/liquid taken	volume taken	location / comments