

***Sarah O'Hara, RD***

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## Pediatric Intake Form

**Please complete and return via email in advance of your appointment.**

### Child information

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Preemie? (If yes, born at \_\_ weeks gestation): \_\_\_\_\_

Medical History or Health Concerns:

Most recent weight & date of weigh in: \_\_\_\_\_

Most recent length/height & date of  
measurement: \_\_\_\_\_

Current age: \_\_\_\_\_

Please list any known allergies/intolerances and associated symptoms:

\_\_\_\_\_

## 24h Nutrition History or Typical Day's Food and Beverage Intake

Please complete as best you can over the course of a typical 24 hour period sometime within the week leading up to your scheduled appointment. Include breastfeeding and/or formula intake as well.

Time of day	Food/Drinks offered (please include water)	Amount consumed	Temperament/mood, hunger level, or other notes

Please list any supplements/medications given routinely:

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Do any family members have dietary restrictions? If yes, please elaborate:

## Digestive health

Typical number of bowel movements per day:

Stool consistency/colour/etc (hard, formed, soft, loose, oily, floating, sinking, colour, or other notable attributes):

Please note any concerns/challenges with growth, temperament, development, or stools:

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Please feel free to note any other issues, questions, or concerns you would like to address during your consultation.

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Thanks so much for completing this intake form! The information contained within will help me to best assess your child's nutrition concerns and use our time efficiently to meet your needs.