



Nutritional Screening

Child's Name:	D.O.B.	D.O.P.	Resource Parent(s) Name:

Current weight: ___ ___ pounds _____ ounces _____ grams
 Current Age: _____ Sex (circle): Male Female

Questions Regarding Foster Child's Nutritional Needs	Yes	No	Unk.	Additional Comments
Was the foster child premature (born early?)				
Does the foster child have any feeding or eating problems?				
Do any of the following apply:				
- Refuses many foods?				
- Eats too much?				
- Refuses solid foods?				
- Has poor appetite?				
- Eats too little?				
Is the foster child on a special diet for a medical condition (e.g., diabetes)? If Yes, what kind?				
Is your child allergic to, or intolerant of, any foods? If Yes, what foods?				
Does your child take medications? If yes, what medication(s) and for how long?				
Does your child take vitamins/minerals/home remedies? If yes, name of supplement(s).				
Does the child regularly have diarrhea?				
Does the child regularly have constipation?				
Does the child regularly vomit?				
Does your child currently have dental problems?				

Performed By:	Date