

Childs Name _____

Introduction of Foods Questionnaire and Chart Completed between birth and two years

Foods: Check all that child has had Date _____	Allergic Reaction:	Changes/ New foods introduced
Cereals: Wheat, Rice, Oats, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Type _____ Date _____ Type _____ Date _____ Type _____ Date _____
Fruits: Apples, Peaches, Pears <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grapes, Cherries, oranges, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watermelon, Strawberries, <input type="checkbox"/> <input type="checkbox"/> Mellon, Berries Tomato <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Type _____ Date _____ Type _____ Date _____ Type _____ Date _____ Type _____ Date _____ Type _____ Date _____ Type _____ Date _____
Vegetables: Green Beans, Peas, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Carrots, Corn, Celery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Type _____ Date _____ Type _____ Date _____ Type _____ Date _____ Type _____ Date _____ Type _____ Date _____
Milk, Cheese, yogurt, Ice cream, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pudding, <input type="checkbox"/>		Type _____ Date _____ Type _____ Date _____ Type _____ Date _____ Type _____ Date _____
Chocolate <input type="checkbox"/>		Type _____ Date _____
Peanut butter, Nuts <input type="checkbox"/> <input type="checkbox"/>		Type _____ Date _____ Type _____ Date _____
Food Coloring <input type="checkbox"/>		Type _____ Date _____
Honey (only introduce after 1 year) <input type="checkbox"/>		Type _____ Date _____
Other: _____ <input type="checkbox"/>		Type _____ Date _____ Type _____ Date _____

Also Complete back

Childs Name _____

Please list any Known allergies:

If your child has known allergies please list types of treatment and severity of allergy:

Special care plan attached Yes NO

Parent Signature

Date