



Intake

Clinical Care Team (Chart-wide) No Saved Notes

Edit

Informant/Relationship

▼

Concerns

▼

HPI

Health History

Make All:

Yes No N/A

Autism
 ▼

Developmental delay
 ▼

Aggression/Difficult behaviors
 ▼

Constipation (hard, painful stools)
 ▼

Diarrhea (loose, watery stools)
 ▼

Ear infections
 ▼

Cardiac issues
 ▼

Esophagitis
 ▼

Yes No N/A

Failure to thrive/Slow growth



notes

Gastroesophageal Reflux (GERD)

notes

Motor delay

notes

Nausea or vomiting

notes

Neurological issues

notes

Pulmonary issues

notes

Sensory issues

notes

Stomach/abdominal pain

notes

Yes No N/A

Tongue tie

notes

add item

notes

Treatment History

Make All:

Yes No N/A

Speech Therapy

notes

Occupational Therapy

notes

Other specialty

notes

add item



notes

Feeding History

Make All:

Yes No N/A

Breast

notes

Bottle

notes

Tube

notes

Baby food (purees)

notes

Table food

notes

add item

notes

Medical Procedure History

Make All:

Yes No N/A

Endoscopy

notes

GI series

notes

Modified Barium Swallow Study

notes

add item

notes

Safe/Fear Foods (Chart-wide) No Saved Notes



Safe/Fear Foods

Safe foods

Fear foods

Safe/Fear Foods

Make All: Gre Yel Red

Gre Yel Red

Carb - Bread

Carb - pasta

Carb - potatoes

Carb - soft crackers

Carb - Cereal

Dairy - cheese

Dairy - milk/alternative milk

Dairy - yogurt

Gre Yel Red

Fats - Avocado

Fats - butter

Fats - Oil

Fats - Peanut Butter



notes

Fluid - fruit juice

notes

Fluid - soda/pop

notes

Fluid - water

notes

Fruit - bananas

notes

Gre Yel Red

Fruit - berries

notes

Fruit - mangos/melons

notes

Protein - bean

notes

Protein - beef/pork

notes

Protein - chicken nuggets

notes

Protein - poultry

notes

Protein - shellfish

notes

Veggies - peas

notes

Gre Yel Red

Veggies - salad

notes

Dipping Sauces

notes

Condiments



notes

Other

notes

add item

notes

Mealtime Behavior

Make All: Yes No N/A

Yes No N/A

Eats 3 meals/day w/snacks

notes

Indicates fullness

notes

Indicates hunger

notes

Argues

notes

Finishes meals

notes

Grazes throughout day

notes

Gags/vomits with non-preferred foods

notes

Leaves the table

notes

Yes No N/A

Pushes food away

notes

Refuses to come to the table

notes

Says "no"



notes

Screams/cries

notes

Spits food out

notes

Tantrums

notes

Turns head away

notes

add item

notes

Feeding Skill Concerns

Make All:

Yes No N/A

Chewing

notes

Swallowing

notes

Choking

notes

Coughing

notes

Drooling

notes

Eats too Fast/Slow

notes

Gagging

notes

Holding food in mouth

notes



Yes No N/A

Loses food/fluid from mouth while eating

notes

Over-stuffing Food

notes

Poor lip closure

notes

Poor suck

notes

Problems Drinking

notes

Tongue Thrust

notes

Vomiting

notes

Using Tongue to move food

notes

Yes No N/A add item

notes

Vitals

Height in

Weight lbs oz

Blood Pressure s / d

Unspecified Location

Sitting

BMI

More

Vital Notes

Growth Charts

Growth Charts are not available when patient's sex is unknown.



Past, Social, Family History

Medical History (Chart-wide) No Saved Notes

Edit

Social History (Chart-wide) No Saved Notes

Edit

Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

Allergies (Chart-wide)

Display: All Statuses

Edit

Status	Allergy	Reaction	Onset	Resolved

PCC eRx Allergies (Chart-wide) Last Modified N/A

Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

Mark as Reviewed

fineprintLbl

Medication History (Chart-wide) Last Modified N/A

Display: All Statuses

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprintLbl

► Confidential Notes (Chart-wide) No Saved Notes

Edit

Diagnoses

Chronic pediatric feeding disorder

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Avoidant restrictive food intake disorder

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Aversion to food or drink



Refine the diagnosis of Aversion to food or drink

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Malnutrition (calorie)

Refine the diagnosis of Malnutrition (calorie)

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Oral phase dysphagia

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Pharyngeal dysphagia

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Oropharyngeal dysphagia

Refine the diagnosis of Oropharyngeal dysphagia

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

select diagnosis

notes

Feeding Therapy Goals

Assessment and Plan Notes

Forms

select a form

Followup

Follow up in One Week



Order

Follow up in 1 month

Order

select a followup



Visit Documents

Navigational Anchors in CEDAR Feeding Therapy Initial

1. Intake
2. Clinical Care Team
3. Vitals
4. Growth Charts
5. Diagnoses
6. Follow Up
7. Prescriptions
8. Visit Documents