Your health care provider has recommended a high calorie formula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Based on an assessment completed by your Nutritionist, this request has been approved on a trial basis for \_\_\_\_\_\_\_\_\_\_weeks / months.

You know your child best. Your Nutritionist will work with you to find out how eating is going for your child. Eating is a learned skill that takes time, effort, and practice. The goal will be to increase calories and nutrients in your child’s diet as well as increase the enjoyment of trying a variety of foods that match your child’s eating abilities. If you have concerns about your child’s eating behaviors (refusing foods, choking, sensitive to touch or smells, taking longer than one hour to eat a meal), please contact your health care provider for a referral for further evaluation.

The goal will be to:

* Promote food first
* Define what success looks like and a plan to stop the formula
* Provide formula to your child’s meal and snack pattern in a way that the formula does not replace food

Considerations:

* Children eat better when served food on a schedule rather than snacking throughout the day or waiting too long and becoming “hangry”- hungry and angry
* Children have small stomachs that can fill up quickly when drinking liquids. High calorie formulas may decrease your child’s appetite for foods. As a result, setting limits on amount, times and looking at other fluids in your child’s diet will be important (e.g., juice, milk, sweetened beverages, etc.)
* Children prefer foods that taste sweet, and this formula is very sweet. Offering small amounts in a cup with meals or snacks will help promote food first
* This formula is high in sugar. Brush your child’s teeth every time the formula is offered and let your dentist know your child is on a sweetened formula

What would successful eating look like for your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan:

Offer \_\_\_\_\_\_\_\_ oz high calorie formula \_\_\_\_\_\_\_ times per day plus \_\_\_\_\_ oz milk.

Additional recommendations:

Next follow-up visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

DOB:

Health Care Provider: