

## Pediatric Nutrition Assessment Form

Name of Child: Ekaash DOB: 15/4/2015 Age: 6yName of Parents: Jitender NinjalAddress: Flat No-101, Pocket 7 sec-2, Rohini New Delhi - 85Telephone numbers: 9899378086 Gmail: \_\_\_\_\_Pediatrician: Dr Nalhi PunjyaHealth Insurance: -Referred by: -Today's Date: 15/5/2021

What concerns do you have about your child's diet?

My child does not eat properly so his height is not growing.How can I help you and your child? What kind of information and support are you looking for? you can help me by giving the right advice of my baby's food so that my child's health improves.Describe your child's physical activity My children have very little appetite they always feel sluggish.How much time does your child spend outside per day? 2-4 hour.How many minutes per day is your child sitting in front of a screen? 4-5 hourHow many hours of sleep does your child get? 11-13 hour.Does your child experience constipation, diarrhea, loose stool, heart burn, gas, or bloating? Difficulty swallowing? yesList foods that your child is allergic or digestively sensitive to and their reaction: Junk food, Sour lax.Height 80cm. Current weight 20kg.List all medications, vitamin, mineral, and herbal supplements that he/she is taking As per advice Doctor.

Signature

Nalhi Punjya

