CMPA Checklist

Session date:

Name:	**DOB:**	**NHS No:**
CMPA diagnosed by:	**Any other food allergies:**	
Feeding/ Symptom History: (breast or bottle-fed from birth/previous formulas tried) ❑ Exclusively breastfed ❑ Is mum on milk/soya-free diet ❑ Exclusively formula fed ❑ Mixed fed (Breast and formula) **Current formula using:**	**Formula Feed History** (please tick any milks you have used) ❑ Aptamil Pepti 1 ❑ Aptamil Pepti 2 ❑ Althera ❑ Nutramigen 1 / 2 / 3 ❑Puramino ❑ Similac Alimentum ❑ Alfamino ❑ Neocate LCP ❑ Neocate Syneo **Over the counter (please name)**	
At what age did symptoms show:	**How quickly did symptoms appear?**	
Current Symptoms		
Bowels ❑ Constipated ❑ Soft/paste-like ❑ Runny/diarrhoea How many dirty nappies/day?	**Frequency of vomit/posit/reflux:** ❑ Every feed ❑ Daily ❑ Weekly ❑ Other	
Other symptoms ❑ Rash/eczema ❑ Other ❑ Colic (arching back/ pulling legs up) ❑ Wheeze		
Symptoms Resolved? ❑ Partly ❑ Fully ❑ Not resolved		
Current Milk Intake: **Formula:** **No. feeds/day** _____ **mls/oz/bottle** _____ **Total volume/day** _____ **Breast-fed:** **No. feeds/day** _____ **Duration feeds** _____		
Current medication: ❑ Gaviscon ❑ Ranitidine ❑ Omeprazole ❑ Domperidone ❑ Lactulose ❑ Other		
Have you started weaning:		
Family history of food allergy: ❑ Asthma ❑ Eczema Any Other		
Dietetic Plan (dietitian to complete):		