



Dr. Joshi's Dietary recall form for Autism

Name: _____

Address: _____

Mobile no.: _____ **Telephone no.:** _____

Email id: _____

Age: _____ **D.O.B** _____

Sex: _____

Height:

Weight:

Diet: Veg Non Veg Eggitarian

Sensory issue with particular taste or texture or color of food. Kindly mention in detail: _____

Water consumed per day: 1-2Lt 2-3Lt More than 3 Lt

Fruit consumption per day: 0-1 serving 1-2 serving 2-4 serving

Vegetable consumption per day: 0-1 serving 1-2 serving 2-4 serving

Non Veg consumption per week: 1-2 times 3-4 times more than 4

Fried food consumption per week: 1-2 times 3-4 times more than 4

Soft drink consumption per week: 1-2 times 3-4 times more than 4

Packaged processed food consumption per week: 1-2 times 3-4 times more than 4



Child is on any medication: Yes No

If yes mention: _____

Family History of illness: _____

Personal History of illness (past and present): _____

Also mention daily dietary routine in detail:
