

GETTING TO KNOW YOUR INFANT

Please fill out this form for your child ages 0 to 18 months. It will help us get to know your child better. Thank you.

Child's Name: _____ Child's Date of Birth: _____

___Pre-Mature Birth ___Full-Term Child's Birth Weight: _____ Home birth or Hospital

Child's general mood: Are they mostly happy, fussy, colicky, and other?

Has child stayed with anyone else besides parents? _____ If so who? _____

Is child bottle or breast-fed? _____

If using both, when do you use bottle vs. breast? _____

Is child on formula or milk? _____ What kind of formula or milk do you use? _____

How do you give bottle, room temp, and warmed, cold? _____

Does the child hold his or her own bottle? _____

Please complete below for a typical daily food schedule for your child:

Meal:	Breast Milk/Formula/Milk/Juice	Food Type(s)	Intake Amount
Breakfast			
Lunch			
Dinner			

Food likes:

Food dislikes:

Will your child have a bottle or breast feed before arriving? _____

Will your child need breakfast (solid foods)?

Does your child use a pacifier? _____ When? _____

Does your child sleep through the night? _____

If not, how often do they wake and what do you do when they wake? (Feed, rock change etc.)

When does your child wake in the morning?

When does your child nap morning? _____ Afternoon? _____

When does your child go to bed for the night? _____

Please list any other important information or special instructions on the care of your child below:

Signature _____ Relationship to Child _____ Date _____