

INFANT INFORMATION SHEET

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

Nick Name: _____

Child's General Mood: Are they mostly happy, fussy, colicky, other? _____

Has child stayed with anyone else besides parents? Yes / No If yes, who?: _____

Is child bottle or breast-fed?: Bottle / Breast / Both

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

How do you give bottle?: Room Temp / Warmed / Cold

If you warm the bottle, what procedure do you use to warm bottle?: _____

Does the child hold his or her own bottle? Yes / No

Is child on formula or milk? Formula / Milk

What kind of formula or milk do you use?: _____

Is child on baby cereal? Yes / No

What kind(s) of cereal do you use: _____

Is child on strained or other baby foods? Yes / No

List the varieties you use fruits, veggies, etc.: _____

Food likes: _____

Food Dislikes: _____

Please indicate a typical feeding schedule for your child: (i.e. how often, how much, etc.)

Does your child use a pacifier? Yes / No If so, when? _____

Does your child need a special comfort item to sleep with? Yes / No If yes, what is it?: _____

Does your child sleep through the night? Yes / No

If not how often do they wake and what do you do when they wake - feed, rock change etc.?

What is your child's nap schedule?

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

Parent Signature _____

Date _____

Relationship to Child _____

This form will need to be updated every 3 months

Updates:

Initials _____ Date _____

Initials _____ Date _____

Initials _____ Date _____

Initials _____ Date _____

Initials _____ Date _____

Initials _____ Date _____