



GETTING TO KNOW YOUR INFANT

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

Baby's Name: _____ Nickname: _____

Date of Birth: _____

___Pre-Mature Birth ___Full-Term Child's Birth Weight: _____

Baby's General Mood: Are they mostly Happy, fussy, colicky, what? _____

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

Is child Bottle or breast-fed? _____

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?

Is child on formula or milk? _____ What kind of milk or formula? _____

Is child on baby cereal? _____ List the kinds you use: _____

Is your child on strained or other baby foods? _____

Food likes: _____ Dislikes: _____

List amounts of food, types of food and times your child usually eats below:

Breakfast _____

Lunch _____

Snack _____

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

Will your child need breakfast? _____

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with? _____

If yes, what is it? _____

Does your child sleep through the night? _____

What time does your child wake in the morning? _____

What time does your child nap in the morning? _____, Afternoon? _____

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

Parent Signature _____

Relationship to Child _____ Date _____