

INFANT INFORMATION SHEET

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

Parent's Name: _____ Tel: _____

Child's General Mood: Are they mostly happy, fussy, 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 / Warm / Cold

If you warm the bottle, what procedure do you use?

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/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 _____