

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. 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, what? \_\_\_\_\_

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? \_\_\_\_\_

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 do you use? \_\_\_\_\_

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

Is child on strained or other baby foods? \_\_\_\_\_ List the varieties you use fruits veggies etc: \_\_\_\_\_

Food likes: \_\_\_\_\_ Food 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? \_\_\_\_\_. What is it? \_\_\_\_\_

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? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_