



Infant Supplemental Information

Name of child _____ Date _____

(circle one) **M** or **F** Age _____

Food Allergies? _____

Special Needs? _____



Eating behavior (please check all that apply):

Where is your child fed?

Lap High Chair Infant Seat Other: _____

How does your child eat?

Uses a Bottle **NEVER** used a bottle Bottle Needs to be Warmed
 Uses Spoon Uses Hands Other: _____

What does your child eat?

Breast Fed Drinks Formula Brand of formula used: _____
 Eats Baby Food Only Eats Table Foods Other: _____

How many ounces does your child take at each feeding? _____

How often? _____

Please describe when water or juice is given and how much:

How is your child burped? _____

Describe the feeding of cereal, fruit, jar foods, and other solid foods:

Food Likes: _____

Food Dislikes: _____

Has your child had any feeding problems? (circle one) Yes or No

If yes, please describe: _____

Special Instructions: _____

Feeding Schedule

<u>Feeding Times</u>	<u>Kinds of Food</u>	<u>Amounts</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Sleeping Behavior

Nap Time(s): _____

What does your child take to bed (blanket, bottle, pacifier, etc.)?

- Sleeps on Back Sleeps on Side Cries When Put to Sleep

How should we put your child to sleep?

- Rock them Uses Swing to Sleep Uses Bouncy Seat to Sleep
 Goes to Sleep On Own

At home, does your child sleep in

- A Crib Car Seat Other: _____

Does your child use a pacifier? (circle one) YES or NO

If yes, when? _____

Is there another word you and your child use for a pacifier? YES or NO

If yes, what is it? _____

Please describe your child's sleeping patterns for a 24 hour period:

Diaper Information

Is your baby's skin highly sensitive? Yes or No

If yes, please describe _____

Is diaper rash a problem? Yes or No

If yes, how do you treat it? _____

Are bowel movements regular? Yes or No

How many per day? _____ Time of day? _____

Is diarrhea a problem? Yes or No

If yes, please explain: _____

Is constipation a problem? Yes or No

If yes, please explain: _____

Advice and tips from the expert....You

Does your baby have a history of colic? Yes or No

If yes, are there any tips you can give us to ease your baby?

Does your child have a "fussy" time? Yes or No

If yes, when? _____ What do you do? _____

How does your child relate to strangers?

Is there any other information that you feel would help us get to know your child?

