

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

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

General Information	<p>Pre-Mature Birth _____ Full-Term _____ Child's Birth Weight: _____ Circle: Home birth or Hospital</p> <p>Child's General Mood: Are they mostly Happy, fussy, colicky, etc? Comments: _____</p> <p>Has child stayed with anyone else besides parents? <input type="checkbox"/> Yes <input type="checkbox"/> No If so who? _____</p> <p>Does your child currently have a sleeping/eating routine? Tell us about it.</p>
Bottles	<p>Circle: My child is Bottle or breast-fed? If using both, when do you use bottle vs. breast (or how often)</p> <p>Circle: My child uses formula, breast milk, cows milk? Circle: The bottle is room temp, warmed, cold?</p> <p>Does the child hold his or her own bottle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When does your child have bottle(s)?</p>
Eating/Nutrition	<p>Is child on baby cereal? <input type="checkbox"/> Yes <input type="checkbox"/> No List the kinds you use: _____</p> <p>Does your child eat jar food? <input type="checkbox"/> Yes <input type="checkbox"/> No List the varieties you use fruits/veggies etc: _____</p> <p>Food likes: _____ Food Dislikes: _____</p> <p>Any known allergies or sensitivities? _____</p> <p>List amounts of food, types of food and times your child usually eats below:</p> <p>Breakfast _____</p> <p>Lunch _____</p> <p>Snack _____</p>
Sleeping	<p>Does your child use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your child need a special comfort item to sleep with? <input type="checkbox"/> Yes <input type="checkbox"/> No What is it? _____</p> <p>When does your child wake up in the morning? _____</p> <p>How often and when does your child nap? _____</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>To fall asleep, my child</p> <p><input type="checkbox"/> Rocks</p> <p><input type="checkbox"/> Bounces</p> <p><input type="checkbox"/> Lays in bed</p> <p><input type="checkbox"/> Finishes a bottle</p> </div> <div style="width: 45%;"> <p>My child sleeps</p> <p><input type="checkbox"/> In a sleeveless sleep sack</p> <p><input type="checkbox"/> Swaddled in a sleep sack</p> <p><input type="checkbox"/> With a blanket</p> <p><input type="checkbox"/> Other _____</p> </div> </div>
<p>Please list any other important information or special instructions on the care of your child below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Signature _____ Relationship to Child _____ Date _____