



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

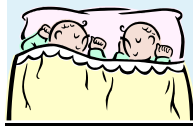
If yes, please describe: _____

Special Instructions:

Feeding Schedule

Feeding Times	Kinds of Food	Amounts
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 ther: _____

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?
