

INFANT INFORMATION

Name of Child:	DOB:	Age:	Sex:
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(For some questions, answers are underlined. Please select the right answer by circling it.)

Eating Behavior:

**All bottles must be brought each day fully prepared and labeled with child's name and date.
Bottles will only be warmed in a bottle warmer (not the microwave).

Is your baby: bottlefed, breastfed How often?: _____

Number of bottles each day? (estimate): _____

How many ounces? _____ How does he/she drink it? Warm, Cold

Name of formula given: _____

Any special feeding instructions:

Does the baby need to stop feeding to burp? Yes, No If yes, how often? _____

Is the baby on a schedule? Yes, No

Feeding Schedule

Does the baby drink juice? Yes No If yes, in bottle or sippy cup?

Table foods (please specify if limited) _____

Any food allergies or special needs?

Any history of colic?

Sleeping Behavior:

Rest time/s _____

What does baby take to bed (blanket, bottle, pacifier, etc.)

Rest time procedures

What is mood upon awakening? _____

Typically sleeps in: crib, bed, other _____

Toilet Habits:

Do you use: desitin, powder, special wipes, other _____

Is diaper rash a problem? _____ If so, how do you treat it? _____

Miscellaneous:

Does child have an "unsettled" time? _____ When? _____

What do you do? _____

How does child relate to strangers? _____

What if anything do you do for teething? _____

Do you allow the baby to have a binkie (pacifier)?: Yes, No

If so when?: just at bedtime, just when fussy, anytime

Has baby been exposed to other children often? Yes, No

Are any medications given regularly?: _____

What time does the baby awaken in the morning?: _____

What time does your baby go to sleep at night?: _____

Does he/she sleep through the night? Yes, No

Any security toy or blanket for nap time? Yes, No What?: _____

Does your child have any security objects that help him/her feel better when upset?

Please give us any additional information that you feel will help us provide the best possible care for your baby:

By signing this form, you verify that all of the information provided is correct to the best of your knowledge.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(Julie Costello-Director, Watch Me Grow)	Date