

Child's Name: _____

Does your child have a nickname? Yes No

If yes, what is it: _____

Family

Parents Names

brothers & sisters

What language is spoken in your home: _____

Does your child have pets? Yes No

If yes, what are they _____

Food

Is your child breast-fed? Yes No

If yes:

Do you plan to continue breast feeding? Yes No

If yes, how do you plan to carry this out? _____

What is your child's feeding schedule? _____

Do you supplement? _____

Is your child bottle-fed? Yes No

If yes: What is your child's bottle feeding schedule?

Liquids	Type	Amount	Times
Formula			
Milk			
Water			

Has your child been introduced to solids? Yes No

If yes, what type? baby food table food

What is your child's feeding schedule:

Solids	Type	Consistency	Amount	Times
Cereal				
Cereal				
Cereal				
Vegetable				
Vegetable				
Vegetable				

Vegetable				
Fruit				
Fruit				
Fruit				
Fruit				
Meat				
Meat				
Snack				
Snack				

Does your child have any food sensitivities? Yes No

If yes, please identify: _____

What foods does your child like/dislike? _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

Does your child usually cry when going to sleep? Yes No

If yes, for how long? _____

Diapering

Is your child prone to diaper rash? Yes No Treatment: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Date: / /
D M Y

_____ Parent/Guardian signature