



Child's Name: _____

Does your child have a nickname? Yes No

If yes, what is it: _____

Family

Names of brothers & sisters

Birthdate

Names of others living in the home

Relationship to child

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			

What position does your child like to be in while bottle feeding? _____

What position does your child like to be in while being burped? _____

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? _____

Where does your child normally sleep? _____

Diapering

What type of diapers does your child use? _____

Describe your child’s diapering routine (include double diapering, liners, creams, powders etc.) _____

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

Social/Emotional Development

Describe your child’s temperament: (i.e. colic, likes to cuddle)

What signs does your child give of being hungry, tired or overstimulated? (i.e. pulls at ears, rubs eyes) _____

Does your child separate easily from you? Yes No

Please comment: _____

Is your child afraid of anything? Yes No

Please comment: _____

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

Please identify: _____

Does your child spend time with other children? Yes No

Please comment: (who, when, how much) _____

What activities does your child enjoy? _____

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