

GETTING TO KNOW YOUR INFANT

This form is for children up to 18 months. It will help the caregivers in the Infant Room get to know your child better.

Child's Name: _____ Date of Birth: _____

____ Pre-mature Birth ____ Full-Term Child's Birth Weight: _____ Home Birth or Hospital?

Your child's general mood: Happy, Fussy, Colicky, etc.? _____

Has your child stayed with anyone besides parents? _____ If so, who? _____

Is your child Bottle or Breast-Fed? _____ If using both, when do you use bottle vs. breast? _____

How do you give bottle: Room Temp, Warmed, Cold? _____

If you warm the bottle, what procedure do you use to warm bottle? _____

Does your child hold his/her own bottle? _____

Does your child use Formula or milk? _____ What kind do you use? _____

Is your child on baby cereal? _____ List the kinds you use: _____

Is your child on strained or other baby foods? _____ If so, please list the varieties you use: _____

Food Likes: _____ Food Dislikes: _____

List amounts of food, types of food, and times your child usually eats:

Breakfast: _____

Lunch: _____

Snack: _____

Will your child have a bottle or be breast-fed before arriving? _____ Will your child need breakfast? _____

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with and if so, what? _____

Does your child sleep through the night? _____ If not, how often does he/she wake up and what do you do to get him/her back to sleep? _____

When does your child wake up in the morning? _____

When does your child nap in the morning? _____ Afternoon? _____

Please list any other important information or special instructions on the care of your child so that we may offer your child the easiest transition possible:

Signature _____ Relationship to Child _____ Date _____