



Additional Information for Infants and Toddlers

Date: _____ Child: _____ Gender: M F (circle one)

Date of Birth: _____ Address: _____

Phone: _____ City, ST Zip: _____

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? _____

Do you supplement? _____

Is your child bottle-fed? Yes No

If Yes — Please list your child's bottle feeding schedule below...

| Type | Amount | Time |
|------|--------|------|
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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 solid food yet? Yes No

If Yes — What type? baby food table food

If Yes — Please list your child's feeding schedule below...

| Solids | Type | Consistency | Amount | Times |
|--------|------|-------------|--------|-------|
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Does your child have any food sensitivities? Yes No

If yes, please identify: _____

What type of 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 liners, creams, powders etc.) _____

Is your child prone to diaper rash? Yes No

If yes, what type of treatment do you use? _____

Social/Emotional Development

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

What signs does your child usually give when he/she is hungry, tired or over-stimulated?
(i.e. pulls at ears, rubs eyes) _____

Does your child separate easily from you? Yes No

Comments: _____

Is your child afraid of anything? Yes No

Comments: _____

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

Please identify: _____

Does your child spend time with other children? Yes No

Comments: _____

What activities does your child enjoy? _____

Please provide any other information that would be helpful to us in caring for your child:

Parent / Guardian Signature

Printed Name

Relationship

Date