

# Getting to Know Your Infant

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's General Mood: Are they mostly happy, fussy, colicky, etc.? \_\_\_\_\_

Is child bottle or breast-fed? \_\_\_\_\_

If using both, when do you use bottle vs. breast? \_\_\_\_\_

How do you give bottle? (circle one) room temp warmed cold

Does the child hold his or her own bottle? \_\_\_\_\_

What does your child drink? (circle one) formula breastmilk whole milk

If you use formula what brand of formula do you use? \_\_\_\_\_

Does your baby eat... (circle all that apply) baby cereal baby food whole foods

Food likes: \_\_\_\_\_ Food dislikes: \_\_\_\_\_

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

Breakfast \_\_\_\_\_

AM Snack \_\_\_\_\_

Lunch \_\_\_\_\_

PM Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ When? \_\_\_\_\_

Does your child need a special comfort item to sleep with? \_\_\_\_\_

How do you put your child to sleep? \_\_\_\_\_

When does your child wake in the morning? \_\_\_\_\_

When does your child nap morning? \_\_\_\_\_ Afternoon? \_\_\_\_\_

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Please list any other important information or special instructions on the care of your child below:

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Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_