



Additional Information for Infants and Toddlers

Today's Date: _____

Child's Name: _____ Date of Birth: _____

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, what is your child's bottle feeding schedule?

Type	Amount	Time

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, what is your child's feeding schedule?

Solids	Type	Consistency	Amount	Times

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 double diapering, 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 give of being 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 relating to your child that would be helpful in understanding and caring for your child:

Parent / Guardian Signature

Printed Name

Relationship

Date