

Getting to Know Your Infant....

Infant Name: _____ D.O.B. _____

Feedings

Does your child have any known allergies? **YES** **NO** Known allergies _____

My child drinks: **Formula** **Breast Milk** **Whole Milk**

Brand of Formula: _____

My child has _____ ounces every _____ hours

I will provide food for my child everyday **YES** **NO**

I will use the food provided by Growing Generations **YES** **NO**

My Child Eats (Please Circle):

Cereal Puree Food Table and Puree foods

Table Foods Homemade Foods Bottles only

My child eats these baby food items (Please Circle):

Infant Cereal: Rice Oatmeal

Cereal Mixed with: Formula Water

Pureed infant food:

Peas Carrots Green Beans Squash Sweet potatoes

Avocado Bananas Applesauce Peaches Pears Prunes Other: _____

Please list any table food your child CAN NOT have or if your child has any dietary restrictions:

Special Instructions for feedings:

Developmental History:

Has your child been away from you before? _____ Yes _____ No How Frequently? _____

Has your child been in group before? _____ Yes _____ No If yes, explain _____

How does your child handle separation from parent? _____ Without upset _____ Briefly/mildly upset

Is your child easily frightened? ? _____ Yes _____ No If yes, explain _____

How do you comfort your child? _____

Emotional Behavior (please indicate all that apply):

__ Happy __ Calm __ Active __ Cheerful __ Stubborn __ Cooperative

__ Quiet __ Independent __ Crying

What are child's favorite toys and activities? _____

Sleep Patterns:

Describe any special ways of helping your child go to sleep? _____

Does your baby cry when going to sleep? ____ Yes ____ No If yes, for how long? _____

What is your baby's present sleep patten?

Night: from _____ to _____ from _____ to _____

AM Nap: from _____ to _____ from _____ to _____

PM Nap: from _____ to _____ from _____ to _____

Other sleep information: _____

Toilet Patterns:

How often does your child have a bowel movement? _____

Is your child's average stool:

_____ Very Soft (like a newborn) _____ soft _____ firm (like an adult) _____ very hard (pellet like)

Does your child often have a diaper rash? ____ Yes ____ No If yes, how is it treat? _____

My child uses this brand of Diapers: _____ Size: _____

My child uses this diaper ointment: _____

Other toileting information: _____

Parent Signature: _____ Date: _____

