INFANT PROFILE

	name: Birth date:
	s name: Date:
<u>FEEDIN</u>	<u>GS:</u>
1.	Does your child take breast milk?If yes, will you be coming to nurse? Have you introduced a bottle to your child?
2.	What is your child's feeding schedule?
3.	How many ounces of formula/milk do you prepare at each feeding?
4.	At what temperature does your child like their bottles? Cold / Room Temp. / Lukewarm / Quite warm
5.	How often and when do you burp your child during feeding?
6.	Does your child spit up much at a feeding?
7.	Do you give your child formula or whole milk? If formula, specify type?
8.	Do you give your child solids?If yes, what type?
9.	Does your child need to be awakened for feeding?
10.	Do you offer water or juice?When?
	Is there any history of food allergies that we should be aware of?If yes, ease explain
	How does your child comfort her / himself? PacifierSucking fingersOther
2.	It is Appletime's policy to only place infants on their backs to sleep. Is your child usually asleep before being put down in a crib? If no, how do you put him/her to sleep? Please note: Infants under 1 year of age cannot have a blanket in their crib.
3.	Does your child use an exersaucer?A swing?
4.	Does your child roll over?Sit alone?Crawl?Walk
5.	Can your child pull him / herself up to a standing position?
6.	How many naps does your child take each day?When? Generally, how long do naps last?
7.	How long is your child awake after feeding before going down for another nap?
8.	Please list any special instructions, comments, problems, or concerns: