

Date: \_\_\_\_\_

## All About Me ~ Infants (0-1 year)



Parent's Name(s): \_\_\_\_\_

Parent's Phone Number(s): \_\_\_\_\_

Baby's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baby's Birthplace: \_\_\_\_\_

Baby's Pediatrician: \_\_\_\_\_

Are you breastfeeding your baby?  Yes  No

If No: which formula do you give your baby? \_\_\_\_\_

Which kind of bottle/nipple does your baby use?

\_\_\_\_\_

Is your baby currently enrolled in WIC?  Yes  No

My baby's eating schedule is every: 2-4hrs  4-6hrs  6-8hrs  other \_\_\_\_\_

At each feeding my baby drinks: 2-4oz  4-6oz  6-8oz  other \_\_\_\_\_

Foods my baby has tried: \_\_\_\_\_

Does your baby use a pacifier?  Yes  No

Does your baby like to be swaddled to sleep?  Yes  No

Does your baby have any particular routines to go to sleep (music, rocking, etc.)?

\_\_\_\_\_

\_\_\_\_\_

What is your baby's nap time schedule?

\_\_\_\_\_

Which of the following milestones has your baby reached?

Rolling over \_\_\_\_\_ Sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Standing \_\_\_\_\_ Walking \_\_\_\_\_  
Other milestones \_\_\_\_\_

Does your baby enjoy baths? \_\_\_ Yes \_\_\_ No

What is his/her bath time routine?

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What type of baby lotion, bath soap, laundry detergent, etc... do you use for your baby?

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What is your baby's favorite toy, blanket, etc...?

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The people who are important to my baby are:

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Please share anything else that you want me to know about your baby:

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*cc: Placement Unit, Case Manager, Caregiver, Child's Attorney, Parents*