

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?

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

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

The people who are important to my baby are:

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

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