



INFANT SOCIAL RESUME

Child's name

Nickname (if any)

Family

Parents

Brothers and sisters

Birthdate

Others living in the home

Relationship to child

Pets (if any)

What language is spoken in your home?

Food

Is your child breast fed?

☐ Yes

☐ No

If you plan to continue breast feeding, how do you plan to carry this out?

What is your child's feeding schedule?

Do you supplement?

☐ Yes

☐ No

Is your child bottle fed?

☐ Yes

☐ No

What is your child's feeding schedule?

Liquid	Type	Amount	Times
Formula			
Milk			
Water			

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 solids? ☐ No ☐ Yes, baby food ☐ Yes, table food

What is your child's feeding schedule?

Solid	Type	Consistency	Amount	Times
Cereal				
Cereal				
Cereal				
Vegetable				
Vegetable				
Vegetable				
Vegetable				
Fruit				
Fruit				
Fruit				

Fruit	
Meat	
Meat	
Snack	
Snack	

Does your child have any food sensitivities?

☐ Yes (please identify) ☐ No

What foods does your child like/dislike?

Sleep

Describe your child's sleep routine (include naps and length of naps).

Do you rock your child to sleep?

☐ Yes

☐ No

Does your child usually cry when going to sleep?

☐ Yes (for how long?)

☐ No

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 (treatment?)

☐ No

Social/Emotional Development

Describe your child's temperament (e.g., colic, likes to cuddle).

What signs does your child give of being hungry, tired, or overstimulated (e.g., pulls at ears, rubs eyes)?

Does your child separate easily from you? (please comment below)

☐ Yes

☐ No

Is your child afraid of anything? (please comment below)

☐ Yes

☐ No

Does your child have a favorite toy, blanket, or soother? (please identify below)

☐ Yes

☐ No

Does your child spend time with other children? (please comment below)

☐ Yes

☐ No

What activities does your child enjoy?

Please provide any other information that would be helpful in understanding and caring for your child.

Parent/guardian signature

Date
