

# About Your Infant

Child's Name \_\_\_\_\_

Please provide us with a sample daily schedule including feeding times and amounts, nap times and lengths.

How does your child fall asleep at home?

\_\_\_\_\_

How often do you burp your child during a bottle?

\_\_\_\_\_

Do they like their bottle/food cold, room temperature or warmed up?

\_\_\_\_\_

What soothes them when they are upset?

\_\_\_\_\_

What toys do they like best?

\_\_\_\_\_

Do they have a pacifier? When do they like to use it?

\_\_\_\_\_