

## **Personal Information Record for Infants/Toddlers**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. What is your child's current daily sleeping schedule?  
Morning Wake-up Time: \_\_\_\_\_ Evening Bedtime: \_\_\_\_\_  
Daily Naps: \_\_\_\_\_
2. Is your child sleeping through the night? \_\_\_\_\_  
If not, when does child usually wake up at night? \_\_\_\_\_
3. What upsets or frightens your child? \_\_\_\_\_  
\_\_\_\_\_
4. What does your child find soothing or comfortable? \_\_\_\_\_  
\_\_\_\_\_
5. How is your child now reacting to strangers? \_\_\_\_\_  
\_\_\_\_\_
6. Is your child using a cup, a bottle or both? \_\_\_\_\_
7. Are you breast feeding you child? Yes No  
If yes, at what times? \_\_\_\_\_
8. What are the times your child is receiving the bottle each day? \_\_\_\_\_  
\_\_\_\_\_
9. Give the number of ounces your child is now taking at each bottle feeding? \_\_\_\_\_  
\_\_\_\_\_
10. Is your child taking formula, whole milk, skim milk or other? \_\_\_\_\_
11. Give any special instructions for preparing formula, if any? \_\_\_\_\_  
\_\_\_\_\_
12. Are there any other special instructions concerning bottle feeding you child? \_\_\_\_\_  
\_\_\_\_\_
13. Is your child now on baby food or table food? \_\_\_\_\_
14. List foods your child is now eating:

**Vegetables**

**Fruits**

**Meats**

**Juices**

**Breads**

15. Is your child now eating finger foods?    Yes                  No

If yes, please list:

\_\_\_\_\_

16. Where does your child spend her/his waking hours? \_\_\_\_\_

17. What toys and activities make her/him happy? \_\_\_\_\_

18. When does your child usually have bowel movements? \_\_\_\_\_

19. Has your child begun potty training?                  Yes                  No

If yes, describe her/his routine?

\_\_\_\_\_

20. What does your child call her/his:  
Bowel Movement: \_\_\_\_\_ Urination: \_\_\_\_\_

21. This space is for any other information you wish to share about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Providers Signature: \_\_\_\_\_ Date: \_\_\_\_\_