

Child's Name: _____	Date of Birth: _____	Today's Date: _____	Service Options: ____ Center Based ____ FCCH Location: _____

Please circle or write your answers to the following questions.

1. Is your child on a special diet? Yes/No If yes, what diet? _____ 2. Is your child allergic to any foods? Yes/No If yes, what? _____ 3. Are there any foods your child should not eat for medical, religious, or personal reasons? Yes/No If yes, what? _____ 4. Has there been a big change in your child's appetite in the last month? Yes/No If yes, what? _____ 5. Does your child ever eat things like plaster, dirt, clay, or paint chips? Yes/No _____	6. Does your child take a bottle? Yes/No During the day _____ At night _____ What do you put in the bottle? _____ What type of bottles and nipples are used at home? _____ 7. How many meals does your child eat each day? _____ 8. How many times a day does your child eat a snack? _____ 9. Special likes and dislikes: _____ _____ _____
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<u>Feeding Information</u>	Meal	Type	How Much	How Often
Breastmilk	B L D S			
Formula	B L D S			
Infant Cereal	B L D S			
Strained Vegetables	B L D S			
Strained Fruits	B L D S			
Strained Meats & Proteins	B L D S			
Dairy Products	B L D S			
Drink	B L D S			
Table Foods	B L D S			
Other	B L D S			

My child uses a: Bottle Cup Fork Spoon

<p><u>Sleeping Information</u></p> <p>What are your child's sleeping patterns? _____</p> <p>What type of bedding and blankets does your child use? _____</p> <p>What methods do you use to put your child to sleep? (ex: swaddling) _____</p> <p>Have you ever received information on SIDS? Yes/No If Yes, please explain: _____</p> <p><input type="checkbox"/> Staff / FCCH Provider Reviewed Safe Sleep Policy and Practices with Parent/Guardian</p>

<p><u>Toileting Information</u></p> <p>How many wet diapers a day? _____ How often does your child have bowel movements? _____</p> <p>When? _____ Any changes in urine or stool? _____</p> <p>Explain: _____</p> <p>Has use of toilet been introduced at home? Yes _____ No _____ If so, how? _____</p> <p>Does your child have any fears or concerns regarding toileting? _____</p> <p>Do you wish your child to use disposable diapers or training pants? _____</p>
