

Infant Needs Checklist (0-18 mos.)

<p>Safety</p> <ul style="list-style-type: none"> • Medications/Allergies (Check all that apply) <input type="checkbox"/> Medications/dosage _____ <input type="checkbox"/> Food allergies _____ <input type="checkbox"/> Medication allergies _____ <input type="checkbox"/> Environmental allergies _____ 	<p>Eliminating</p> <p>Typical voiding patterns</p> <p>Type of diaper used _____</p> <p>Size of diaper used _____</p> <p>No. of diapers per day _____</p> <p>Difficulties with constipation? _____</p>
<p>Feeding</p> <ul style="list-style-type: none"> • Type of formula or breast-milk (Check preferred formula) <input type="checkbox"/> Breast-milk <input type="checkbox"/> Similac <input type="checkbox"/> Isomil <input type="checkbox"/> Enfamil <input type="checkbox"/> Carnation <input type="checkbox"/> Nutramigen <input type="checkbox"/> Whole-milk (infants over 12 months) <input type="checkbox"/> Other: _____ • Specialty Formula <input type="checkbox"/> High-calorie for low birth weight infant. Type _____ <input type="checkbox"/> Formula for lactose-intolerance/allergy Type _____ <input type="checkbox"/> Type of bottle/nipple used: _____ 	<ul style="list-style-type: none"> • Feeding Routine How often and how much does the baby drink _____ Infant feeding cues (Check all that apply) <input type="checkbox"/> Cry <input type="checkbox"/> Root <input type="checkbox"/> Fidget <input type="checkbox"/> Other: _____ Preferred feeding position (Check all that apply) <input type="checkbox"/> Cradled <input type="checkbox"/> Upright <input type="checkbox"/> Infant holds own bottle • Solid food routine <input type="checkbox"/> Eats in high-chair <input type="checkbox"/> Eats in booster chair <input type="checkbox"/> Eats being held <input type="checkbox"/> Baby food – list favorites: _____ <input type="checkbox"/> Finger food – list favorites: _____
<p>Sleep</p> <p>What is baby's typical sleep schedule?</p> <p><input type="checkbox"/> Last nap _____</p> <p><input type="checkbox"/> Typical length of daytime nap _____</p> <p><input type="checkbox"/> Length of time at night before feeding _____</p> <p>How does baby usually get to sleep?</p> <p><input type="checkbox"/> Infant needs caregiver assistance</p> <p><input type="checkbox"/> Infant can put self to sleep</p> <p><input type="checkbox"/> Routine for sleep (check all that apply)</p> <p><input type="checkbox"/> Pacifier</p> <p><input type="checkbox"/> Swing</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Swaddling</p> <p><input type="checkbox"/> Swaying</p> <p><input type="checkbox"/> Other: _____</p>	<p>Where does baby sleep? Baby's preference?</p> <p><input type="checkbox"/> Crib</p> <p><input type="checkbox"/> Bassinet</p> <p><input type="checkbox"/> Pak-n-Play</p> <p><input type="checkbox"/> Parent/Caregiver</p> <p><input type="checkbox"/> Other: _____</p>
<p>Sensorimotor</p> <p>What nicknames is the baby called? _____</p> <p>When and why does baby usually cry? What are baby's fears? _____</p> <p><input type="checkbox"/> SW obtained favorite pacifier, toy, stuffed animal, blanket or rattle for new placement</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attempt to obtain)</p>	<p>Techniques used for calming (check all that apply)</p> <p><input type="checkbox"/> Rocking</p> <p><input type="checkbox"/> Swaddling</p> <p><input type="checkbox"/> Pacifier</p> <p><input type="checkbox"/> Swinging</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Sling/Front-pack</p> <p><input type="checkbox"/> Other: _____</p>

Toddler Needs Checklist (18-36 mos.)

<p>Safety</p> <ul style="list-style-type: none"> • Medications/Allergies (Check all that apply) <input type="checkbox"/> Medications/dosage _____ <input type="checkbox"/> Food allergies _____ <input type="checkbox"/> Medication allergies _____ <input type="checkbox"/> Environmental allergies _____ 	<p>Eliminating</p> <p>Typical voiding patterns</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diapers, Type used _____ <input type="checkbox"/> Pull-ups, Type used _____ <input type="checkbox"/> Toilet Trained: <input type="checkbox"/> Urination <input type="checkbox"/> Elimination <input type="checkbox"/> Night Trained <p>(Toddlers may regress if toilet-trained)</p> <p>Difficulties with constipation? _____</p>
<p>Feeding</p> <p>Specialty Formula</p> <ul style="list-style-type: none"> <input type="checkbox"/> High-calorie for low birth weight infant. Type _____ <input type="checkbox"/> Formula for lactose-intolerance/allergy Type _____ <p>Feeding Routine</p> <p>How often does toddler need to eat? _____</p> <p>Toddler feeding cues (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses words/language Words used: _____ <input type="checkbox"/> Behavioral changes <ul style="list-style-type: none"> <input type="checkbox"/> Tantrums <input type="checkbox"/> Acts tired 	<p>Preferred eating position (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eats in high-chair <input type="checkbox"/> Eats in booster chair <input type="checkbox"/> Able to use fork/spoon <input type="checkbox"/> Prefers to use fingers to self-feed <p>Type of cup or bottle</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sippy cup with suction <input type="checkbox"/> Sippy cup with no suction <input type="checkbox"/> Regular cup <input type="checkbox"/> Bottle <p><input type="checkbox"/> Favorite foods – list: _____</p>
<p>Sleep</p> <p>What is baby's typical sleep schedule?</p> <ul style="list-style-type: none"> • Typical time/length of daytime nap _____ • Time usually goes to bed _____ <p>Naptime Sleep Ritual</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reads stories – Favorite _____ <input type="checkbox"/> Back rubbing/massage <input type="checkbox"/> Rocking <input type="checkbox"/> Bottle/snack <input type="checkbox"/> Pacifier <input type="checkbox"/> Music, singing <input type="checkbox"/> Can put self to sleep <input type="checkbox"/> Requires dark room <input type="checkbox"/> Requires night light <input type="checkbox"/> Other: _____ 	<p>Where does toddler sleep?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crib <input type="checkbox"/> Toddler bed <input type="checkbox"/> Full-size bed <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____ <p>Bedtime Sleep Ritual</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reads stories – Favorite _____ <input type="checkbox"/> Back rubbing/massage <input type="checkbox"/> Rocking <input type="checkbox"/> Bedtime snack/bottle <input type="checkbox"/> Pacifier <input type="checkbox"/> Music, singing <input type="checkbox"/> Can put self to sleep <input type="checkbox"/> Requires dark room <input type="checkbox"/> Requires night light <input type="checkbox"/> Other: _____
<p>Sensorimotor</p> <p>What nicknames is the toddler called? _____</p> <p>When and why does toddler usually cry? What are his fears? _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> SW obtained favorite pacifier, toy, stuffed animal, video for new placement <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attempt to obtain) <input type="checkbox"/> SW obtained picture of parent <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attempt to obtain) 	<p>Techniques used for calming (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quiet-time with caregiver <input type="checkbox"/> Pacifier <input type="checkbox"/> Swinging/Rocking <input type="checkbox"/> Music <input type="checkbox"/> Other: _____ <p>What words does toddler use for/how pronounced?</p> <p>Mom/Dad _____</p> <p>Hungry/Thirsty _____</p> <p>Tired _____</p> <p>Hurt _____</p>