

Feeding History

Child's Name: _____ Date completed: _____

	Feeding History	Current Feeding Information
When your baby came home from the hospital, what type of food did he/she eat?		
<input type="checkbox"/> Breast milk		
<input type="checkbox"/> Formula (what brand, color of can):		
<input type="checkbox"/> Homemade (list ingredients):		
If your baby's feeding habits changed, what was the change and why:		
<input type="checkbox"/> Breast to bottle Child's age _____ Why?		
<input type="checkbox"/> Formula change Child's age _____ What was the change? Why?		
<input type="checkbox"/> Bottle to cup Child's age _____ Why?		
<input type="checkbox"/> Started solid food Child's age _____ Why?		
<input type="checkbox"/> Other changes Describe the change:		

Current Feeding Information

Other items to make note of include:

How long it takes your child to take a bottle or eat a meal? _____

How much does he/she eat, and are there any problems with eating or mealtime? _____

Describe your child's appetite: _____

Is your child hungry at mealtime or is feeding a hassle? _____

Does your child have any problems with food, like spitting up or vomiting, diarrhea, refusing to eat, etc.? _____

Does your child seem to have any food allergies? _____

If your child has a feeding tube, at what age did he/she require it? _____ Type of feeding tube: _____

The doctor may also want to know about your child's favorite foods or foods he or she refuses to eat. You might want to write them down 3 or 4 times a year in this book so you can have a record of any change in food preferences.
