

# Infant Social Resume

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

Does your child have a nickname?  Yes  No If Yes, what is it? \_\_\_\_\_

## Family

Does this sibling live in the

Names of brothers and sisters (include nicknames)

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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child spit up?

## Diapering

What type of diapers does your child use? \_\_\_\_\_

Describe your child's normal diapering routine (including double diapering, liners, creams, powders, etc.)

\_\_\_\_\_

Is your child prone to diaper rash?  Yes  No Treatment used: \_\_\_\_\_

How many diapers would your child normally use between 8:00 a.m. and 5:00 p.m.? \_\_\_\_\_

Please comment on your child's bowel movements (including frequency, color, consistency, constipation, etc.)

\_\_\_\_\_

## Social/Emotional Development

Describe your child's temperament: (i.e. colic, like to cuddle) \_\_\_\_\_

What signs does your child give of being hungry, tired or overstimulated? (i.e. pulls at ears, rubs eyes) \_\_\_\_\_

Does your child separate easily from you?  Yes  No Please comment: \_\_\_\_\_

Is your child afraid of anything?  Yes  No Please describe: \_\_\_\_\_

Does your child have a favorite toy, blanket, bottle or soother?  Yes  No Please identify: \_\_\_\_\_

Does your child spend time with other children?  Yes  No Please comment: (who, when, how much)

\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

What activities does your child dislike? \_\_\_\_\_

Provide any further information relating to your child that would be helpful in understanding and caring for your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Personal health information

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