

# Baby's Story



Birth Date: \_\_\_\_\_

Birth Weight: \_\_\_\_\_

Length: \_\_\_\_\_

Type of Delivery: Vaginal or C-Section *(Please circle)*

# Birth History

Was Baby full-term? YES NO If no, weeks of gestation: \_\_\_\_\_

APGAR: \_\_\_\_\_ 1 min \_\_\_\_\_ 5 min.

How long was the baby hospitalized:  
\_\_\_\_\_

Primary Pediatrician in the hospital:  
\_\_\_\_\_

How long was the baby hospitalized:  
\_\_\_\_\_

Primary Pediatrician: \_\_\_\_\_

Baby's Condition at birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Baby's First Milestones

Month 1	
Month 2	
Month 3	
Month 4	
Month 5	
Month 6	
Month 7	
Month 8	
Month 9	
Month 10	
Month 11	
Month 12	



# Feeding History

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

When your baby came home from the hospital was he/she:

Breast Fed: \_\_\_\_\_ How long: \_\_\_\_\_

Bottle Fed: \_\_\_\_\_ What kind: \_\_\_\_\_

Fed by other means (i.e. G-tube etc.): \_\_\_\_\_

Did formula/feedings need to be changed: \_\_\_\_\_

At what age were solids started: \_\_\_\_\_

When did they go from bottle to cup? \_\_\_\_\_

Any other notes worth mentioning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Growth And Development Record

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

List Dates /Age Child Mastered Skills:

Skill	Dates	Age
Held up head		
Smiled		
Rolled over		
Sat without support		
Crawled		
Cruised (along furniture, etc)		
Used spoon spilling a lot/some:		
Used spoon/fork without spilling:		
Spoke first word:		
Spoke sentences:		
Toilet Trained	Bladder:                      Bowel:	Bladder                      Bowel:
Any other milestones i.e. scribbling, writing, etc.		