



Infant Written Dietary Instructions

Age of Infant (circle) 1 mo. 2 mo. 3 mo.

Name of Child _____ Date _____

Feeding Schedule:

- Infant is fed on demand and / or every _____ hours.
- Range of ounces per feeding _____.
- Mom will arrive at _____ to breast feed.
Special Instruction for when baby is hungry before mom arrives.

Developmental Milestones:

- Turns mouth toward nipple, sucks, swallows with tongue moving forward.
- Begins to hold head up better.
- Recognizes the bottle and person who feeds.

Bottle Feeding Instructions:

- Type of feeding (circle):
 - Breast Milk
 - Formula
Brand of formula _____
Type of formula _____
Type of water _____
- Temperature of feeding _____
- Type of bottle / nipple _____
- Attach any special dietary needs.

Parent Signature _____