

**To be completed at enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)**

 **Complete at 3 month intervals or**

 **as needed until infant is one year old\_\_\_\_\_\_\_\_\_\_ (date)**

**\_\_\_\_\_\_\_\_\_\_ (date)**

**\_\_\_\_\_\_\_\_\_\_ (date)**

**WILD PLUM CENTER EHS**

**INFANT FOOD HISTORY: Birth-12 Months Old**

**Baby’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. My baby drinks: Breast Milk\_\_\_\_\_\_\_\_\_\_ Formula\_\_\_\_\_\_\_\_\_ Name & Type of formula\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. My baby’s food intolerance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Identify foods that have been ***successfully introduced*** to your baby at home:

|  |  |
| --- | --- |
| **For younger babies (under 8 months)** | **Additional foods for babies over 8 months** |
| **Food** | **Age** | **Food** | **Age** |
| **Infant Cereals** |  | **Bread/crackers (no seeds or nuts)** |  |
|  | Rice |  |  | Bread/toast/rolls |  |
|  | Oat |  |  | Biscuits |  |
|  | Barley |  |  | Graham crackers (no honey) |  |
| **Strained/pureed cooked fruits & vegetables** |  |  | Saltines |  |
|  | Apples |  |  | Teething biscuits |  |
|  | Apricots |  |  | Tortilla/corn soft |  |
|  | Bananas |  | **Fresh Fruits** |  |
|  | Carrots |  |  | Melon |  |
|  | Green beans |  |  | Peach |  |
|  | Peaches |  |  | Pears |  |
|  | Pears |  | **Fresh Vegetables** |  |
|  | Peas |  | Same as listed for younger babies (small cooked soft pieces according to developmental abilities) |  |
|  | Plums |  | **Meat and Meat Alternatives** |  |
|  | Potatoes |  |  | Beef (soft, moist) |  |
|  | Prunes |  |  | Dry beans, cooked and finely chopped |  |
|  | Squash |  |  | Cheese |  |
|  | Sweet Potatoes |  |  | Chicken |  |
|  |  |  |  | Cooked egg yolk |  |
| **Iron-Fortified Infant Formula** | Cottage cheese |  |
| Name & Type of formula |  |  | Tuna |  |
|  |  |  | Turkey |  |
| **How much formula does your baby eat per feeding?** |  | **How often does your child eat solids during the day?** |  |
|  |  | Breakfast?Lunch?Snack? |  |
| **How often during the day does your child eat formula?**  |  |  |
|  |
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|  |  |  |  |