

**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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|  | | |  |  |
|  | | |  |  | | |  |