



## Infant Written Dietary Instructions

Age of Infant (circle) 4 mo. 5 mo. 6 mo. 7 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.  
\_\_\_\_\_  
\_\_\_\_\_
- Infant cereal (optional) offered at \_\_\_\_\_.
- Semisolid fruits and / or vegetables (optional) offered at \_\_\_\_\_.

### Developmental Milestones:

- Begins chewing movements.
- Swallows without tongue moving forward.
- Holds head up well, sits with support.
- Reaches for things and puts them in mouth.
- Begins to drink from a cup (5-6 mo.).

### 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.

### Semisolid Feeding (optional) Instructions:

- Iron Fortified, dry, plain infant cereal (circle)  
Rice Oat Barley
  - Number of tablespoons: \_\_\_\_\_.
  - Mixed with \_\_\_\_\_.
- Fruits and / Veg. – only plain fruits and veg., no citrus, no raw (except bananas):  
RED WHITE BLUE GREEN YELLOW ORANGE
  - Number of tablespoons \_\_\_\_\_.
- Attach any special dietary needs.

Parent Signature \_\_\_\_\_