

# SUPPLEMENTARY FORM FOR BABIES

(0-24 MONTHS)

**Bottles:**

1. Is your child breast fed or bottle fed? \_\_\_\_\_
2. If breast fed, do you intend to:
  - breast feed during the day? \_\_\_\_\_
  - supply expressed breast milk in a bottle? \_\_\_\_\_
  - compensate with a formula? \_\_\_\_\_
3. At what times of the day is your child normally fed? \_\_\_\_\_
  - amount offered? \_\_\_\_\_
  - type of formula? (Please circle)

<b>S26 Gold</b>	<b>S26 Gold</b>	<b>S26 Lactose</b>	<b>S26 Soy</b>
<b>Birth - 6 months</b>	<b>Progress</b>	<b>Free</b>	

*Please note: If your child is on a different type of formula you will be required to supply it.*

- other type of formula (to be supplied by you) \_\_\_\_\_
  - type of bottle? \_\_\_\_\_  
(We provide Avent and Tommee Tippee bottles)
  - type of teet? \_\_\_\_\_
4. Is your child's feed supplemented with water? \_\_\_\_\_  
If so, amount and time. \_\_\_\_\_
  5. Is your child using a training cup? \_\_\_\_\_

**Feeding:**

6. Is your child on solids? \_\_\_\_\_
  - what times are solids offered? \_\_\_\_\_
  - type of food offered? \_\_\_\_\_
7. Does your child have any known allergies? \_\_\_\_\_

**Sleeping:**

8. At what time/s does your child normally sleep? \_\_\_\_\_
9. Please describe how you normally get your child to sleep. \_\_\_\_\_  
\_\_\_\_\_
10. How long does our child normally sleep? \_\_\_\_\_
11. Does your child have a dummy or special toy? \_\_\_\_\_

**Nappy Change:**

12. Does your child have any special requirements for nappy changes? (e.g.: nappy creams etc)  
Yes / No If yes, please provide details \_\_\_\_\_

*If any of these details change please complete a new supplementary form as soon as possible.*