| Location of CPA | HT | WT | BMI | HOH | Mom's BMI | Dad's BMI |
|---|---|---|---|---|---|---|
| | | | | | | |

## Ohio Department of Health • Bureau of Nutrition Services

# WIC Health History for Infants

| Baby's name | | | Today's date |
|---|---|---|---|
| Your name | | | Your relationship to baby (96) |
| Birthdate | Date baby was due (50) | Birth weight (51, 59) | Birth length (52) |
| Baby's doctor or clinic | | Date of last doctor or clinic visit | Were you on WIC during this pregnancy? ☐ Yes ☐ No (61) |

**Please answer the questions below**

My baby breastfeeds

Every _____ hours **or** _____ times a day and _____ times a night ☐ Not breastfed (71, 75)

Check all that apply to your breastfed baby.

☐ Weak suck ☐ Slow weight gain ☐ Problems latching on ☐ My baby has no problems breastfeeding

☐ Not breastfeeding ☐ Other _____ (56, 74)

Did you ever breastfeed your baby?

☐ Yes ☐ No

Still breastfeeding?

☐ Yes ☐ No

Why did you stop? _____ How old was your baby when you stopped? _____

Was your baby born three or more weeks early?

☐ Yes How many weeks? _____ ☐ No (50)

Check any health problems your baby has.

☐ Colic ☐ Reflux ☐ Teeth/gums ☐ Birth defects ☐ Slow weight gain ☐ Jaundice (yellow color)

☐ Other _____ ☐ None (56, 68, 91, 93, 94)

List your baby's medicines.

☐ None (93)

Is your baby up to date on shots?

☐ Yes ☐ No ☐ Don't know

Has the doctor tested your baby's blood for lead?

☐ Yes Results _____ ☐ No ☐ Don't know (21)

Do you clean your baby's gums or teeth?

☐ Yes ☐ No

Check all that your baby takes.

☐ Vitamins (vitamin D) ☐ Iron drops ☐ Fluoride drops ☐ Herbs

☐ Other _____ ☐ None (30)

List your baby's food allergies.

☐ None (93)

How many times a day is your baby's diaper wet or dirty?

(74)

If you give your baby bottles, what is in the bottles?

☐ Breastmilk ☐ Formula Which formula? _____ ☐ No bottles used

How many ounces a feeding? _____ How often are the feedings? _____ (38)

If you mix formula, what kind of water do you use?

☐ Well ☐ City ☐ Distilled ☐ Spring ☐ Nursery ☐ I don't mix formula

☐ Other _____ (38)

Do you have special instructions for mixing your baby's formula from your doctor?

☐ Yes ☐ No (38)

Do you have any questions about mixing your baby's formula?

☐ Yes ☐ No (38)

If you use bottles for your baby, check all that apply.

☐ I wash my hands before fixing the bottle. ☐ I reuse leftover bottles of formula. ☐ I sterilize the bottles and nipples.

☐ I wash the bottles with hot, soapy water. ☐ I use the microwave to warm bottles. ☐ I do not give bottles. (38)

Other than breastmilk or formula, what else do you put into the bottle?

☐ Karo® syrup ☐ Juice ☐ Punch ☐ Cow's milk ☐ Jell-O® water

☐ Sugar ☐ Pop ☐ Sheep/goat's milk ☐ Tea/coffee ☐ Cereal

☐ Honey ☐ Water ☐ Gatorade® ☐ Kool Aid® ☐ Baby foods

☐ Other _____ ☐ Nothing (36, 38)

Check all that apply.

☐ Baby is fed with a spoon ☐ Baby uses an infant feeder

☐ Baby drinks from a cup ☐ Baby's pacifier is dipped in _____

☐ Baby feeds self ☐ Baby goes to bed with a bottle

☐ Baby's bottle is propped when feeding ☐ Baby is usually fed away from home (36, 38)

If your baby has started the following foods, at what age did you start

Cereal____ Vegetables____ Fruit____ Juice____ Meat____ Dinners____ Desserts____ Cow's milk____ (36, 38)

Is there a working stove or microwave and refrigerator in your home?

☐ Yes ☐ No (38)

If anyone living in your home smokes, where do they smoke?

☐ Inside ☐ Outside ☐ Car ☐ No one smokes (46)

During the last six months, has your baby been physically, sexually or verbally abused or neglected?

☐ Yes ☐ No (67)

Do you have any questions or concerns?

_____