# Ohio Department of Health • Bureau of Nutrition Services

## WIC Health History for Infants

<table>
<thead>
<tr>
<th><strong>Baby's name</strong></th>
<th><strong>Today's date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your name</strong></td>
<td><strong>Your relationship to baby</strong></td>
</tr>
<tr>
<td><strong>Birthdate</strong></td>
<td><strong>Date baby was due</strong></td>
</tr>
<tr>
<td><strong>Birth weight</strong></td>
<td><strong>Birth length</strong></td>
</tr>
<tr>
<td><strong>(50)</strong></td>
<td><strong>(52)</strong></td>
</tr>
<tr>
<td><strong>(51, 59)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Baby's doctor or clinic</strong></td>
<td><strong>Date of last doctor or clinic visit</strong></td>
</tr>
<tr>
<td><strong>Were you on WIC during this pregnancy?</strong></td>
<td></td>
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<tr>
<td><strong>☐ Yes ☐ No</strong></td>
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</tr>
</tbody>
</table>

### Please answer the questions below

**My baby breastfeeds**  
Every __________ hours or __________ times a day and __________ times a night  
☐ Not breastfed

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 __________

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  ☐ No

Check any health problems your baby has.  
☐ Colic  ☐ Reflux  ☐ Teeth/gums  ☐ Birth defects  ☐ Slow weight gain  ☐ Jaundice (yellow color)  
☐ Other __________  
☐ None

List your baby's medicines.  
☐ None

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

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

List your baby's food allergies.  
☐ None

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

**HEA 4648 2608**
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: ________________

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

- Well
- City
- Distilled
- Spring
- Nursery
- I don’t mix formula
- Other: ____________________________

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

- Yes
- No

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

- Yes
- No

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.

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

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

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

- Cereal: ________
- Vegetables: ________
- Fruit: ________
- Juice: ________
- Meat: ________
- Dinners: ________
- Desserts: ________
- Cow’s milk: ________

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

- Yes
- No

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

- Inside
- Outside
- Car
- No one smokes

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

- Yes
- No

Do you have any questions or concerns?

__________________________________________________________________________