



Family History for Consultation

Introduction

Please share a little bit about you and your baby or toddler. If you have multiple children, if they have substantially different sleep habits, please provide a separate form for each baby. If they have similar sleep habits, please add all children to this form. **Please make sure you save this form before you upload it.** Thank you!

Parent(s) Name(s):	
Where do you live currently? (City/State/Country)	
What is your baby or toddler's name?	
What is your baby or toddler's gender?	
What is your child's birth date? How old is your baby or toddler? <small>(Note: If your baby was born premature, please indicate how many weeks early, if younger than two years old)</small>	
Does your baby have any medical issues or allergies? If so, please specify.	
Is your baby currently swaddled? (Yes/No)	
Does your baby currently use a pacifier? (Yes/No) If so, during the day, night, or both?	
Does your baby or toddler snore? (Yes/No)	

Goals

What are your primary short-term goals with your baby or toddler's sleep?

If different, what are your primary long-term goals with your baby or toddler's sleep?

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Sleep History

Tell us anything you find relevant to your current sleep issue(s). We will ask questions, if we need more information. Don't be afraid to share details, but we don't need to necessarily know *everything*. Knowing a "typical" day (even if it's not the same every day) is what we mostly need to know and what details you deem important to you and your family.

How long have you had your *current* sleep challenges?

Describe where your baby sleeps (e.g. in bed with you, in a bassinet in your room, etc.).

If different, where do you *want* baby to sleep?

What is in your baby's crib or bed?

Night Sleep - Describe a typical night. How does baby go to sleep at night? What does a typical night look like? Is your baby awake or asleep when put down and you leave the room (assuming you do)?

Day Sleep - How and where does baby nap? How do you put your baby down for a nap?	
Other comments or observations	

Sleep Training History

Have you already tried any type of sleep coaching or training? For how long and why did you stop? Please share what you've tried and, most importantly, your baby or toddler's response to what happened.

Current Routine and Schedule

Do you already have a routine before sleep? If so, what do you do? Please also share your approximate times you feed your baby, put him/her down for a nap or bedtime, and what time he/she wakes.

Example:

6:30 - Wake and Feed

8:00 - Breakfast

9:00 - Nap (30 minutes)

and so on...

Schedule Considerations

Please list any schedule considerations such as taking an older child to school, religious activities, etc. And, do you work outside the home? If so, does your baby go to daycare or do you have a nanny?

Feeding

How is your child fed milk or formula (breast, bottle, both, sippy, etc.)? How many times per day does your child get milk and, if known, how many ounces? If bottle fed, how many ounces per bottle/cup? Any issues related to feeding you would like to share?

Is your child eating solids? If so, how much per feeding per day and how many meals per day? If not, at what age do you plan to start? Does your baby get pureed foods (i.e. are you practicing baby-led weaning)?

Personality, Development, and Temperament

Please share a bit about your baby or toddler's personality or temperament (e.g. persistent, adaptable, consistent/inconsistent, doesn't cry very much or screams, etc.). Also, briefly describe your baby's current development (crawling, walking, talking, etc.).

What is your parenting philosophy?

This does not have to be extensive, but just a bit to know how you view parenting, how you feel about crying (while in the room or out of the room, with or without visits, etc.), or anything else that may be relevant. How do you envision sleep training will go?

Expectations

Help us personalize the length of your Sleep Plan. How long do you expect sleep coaching to take, given your baby's personality and your philosophy you shared above? Generally, "no cry" methods tend to take a bit longer, depending on the baby. Please share your self-assessment on how patient you can be through this process. At what point will you feel this is not working?

Do you expect setbacks?

Other Information

Anything else you would like to share with us?

May We Quote You?

We sometimes find interesting information in a family's history to share with our readers, either for comic relief or to help others feel less alone. May we quote you? We will NOT share your name or your baby's name. If you prefer we don't, that's okay! Your information will be kept confidential.

We look forward to working with you! Until then, hang in there!