

Special events we celebrate in our family are: _____ _____ _____ _____ _____ _____ _____ _____	[Insert image of family here]	We would like to see our family values and traditions included by: _____ _____ _____ _____ _____ _____ _____
Events that we attend in our local community are: _____ _____ _____ _____ _____		My family would like to see me celebrate the following goals: _ _____ _____ _____ _____ _____
My sleep and rest requirements are (including cultural and specific health care needs): _____ _____	Name: _____ Date of birth: _____	_____ _____ _____
_____ _____	My family is made up of these special people: _____ _____	_____ _____
_____ _____	_____ _____	_____ _____

My Gestational Age at Birth?

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Am I Breast Fed or Bottle Fed?

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What was My Birth Weight?

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Is there any History of Illnesses that may impact My Sleep? Eg Respiratory Conditions

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Was I Premature?

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Am I exposed to any Risks in the Environment? Eg Tobacco Smoke in my Home

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Can I roll over in My Sleep? Do I practice Tummy Time?

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Do I have a Teddy or Comforter in My Cot?

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