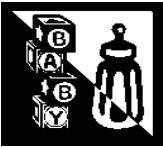


# Baby-Gram



Date \_\_\_\_\_

From \_\_\_\_\_ and my caregiver \_\_\_\_\_

Just to let you know that today...

I Felt: Full of smiles  Contented  Tearful Teething  Other \_\_\_\_\_

I ate:  All of my food  Most of my food  I was not hungry

Menu: Breakfast: \_\_\_\_\_ time \_\_\_\_\_

Snack: \_\_\_\_\_ time \_\_\_\_\_

Lunch: \_\_\_\_\_ time \_\_\_\_\_

Snack: \_\_\_\_\_ time \_\_\_\_\_

Snack: \_\_\_\_\_ time \_\_\_\_\_

I drank my bottles at: Time \_\_\_\_\_ Amt \_\_\_\_\_ ☆Today we did: \_\_\_\_\_

Time \_\_\_\_\_ Amt \_\_\_\_\_

Time \_\_\_\_\_ Amt \_\_\_\_\_

Time \_\_\_\_\_ Amt \_\_\_\_\_

Time \_\_\_\_\_ Amt \_\_\_\_\_

I napped: a.m. from \_\_\_\_\_ to \_\_\_\_\_ & p.m. from \_\_\_\_\_ to \_\_\_\_\_

My diapers were checked throughout the day as follows:

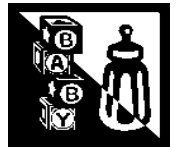
6 7 8 9 10 11 12 1 2 3 4 5 6 (circle closest hour). Bowel movements (times) \_\_\_\_\_

Supplies I need:  Normal  Unusual

Change of clothes  Diapers  Other \_\_\_\_\_

Special concerns/messages... \_\_\_\_\_

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