

Nutrition Education Documentation Form
Infant

Participant Name _____

Family Number _____

Date/Initials	Appointment Type	Handouts /Class Title
	Certification <input type="checkbox"/> NE Class <input type="checkbox"/> IHA <input type="checkbox"/> Individual NE <input type="checkbox"/> Transfer <input type="checkbox"/> HR Care Plan <input type="checkbox"/>	_____ _____
Topics Discussed	<input type="checkbox"/> Baby's Growth <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Breastfeeding Frequency & Diaper Count <input type="checkbox"/> _____	<input type="checkbox"/> Is Baby Getting Enough <input type="checkbox"/> Proper Mixing of Formula <input type="checkbox"/> Bottle Feeding <input type="checkbox"/> _____
Next Steps:	<input type="checkbox"/> First Foods <input type="checkbox"/> Starting Solids <input type="checkbox"/> Homemade Baby Food <input type="checkbox"/> _____	

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Date	Referrals	Date	Referrals
	Breastfeeding Specialist/ La Leche League		Domestic Violence/Safe House
	Immunization Clinic		Employment Services
	Private Physician/Health Clinic		Headstart/ Daycare
	Community Health Nurse		Low-Income Housing
	Medicaid/ NV Checkup		Community Assistance
	Nevada Early Intervention Services (NEIS)		NV Coop. Ext/ EFN
	Specialty Children's Clinic		Food Bank/ Food Pantry
	Dentist/Dental Services		SNAP/TANF
	Mental Health/ Children's Behavioral		
	Lead Referral		
	Child Support Enforcement		
	Child Protective Services (CPS)		