



Day/Date: _____



#	Initials	Time	Bottle	Breastfeeding	Wet Diaper	Soiled Diaper	Spitting	Meds*	Time Given	Temp./Weight	Other/Comments/Questions for Dr:
1			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
2			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
3			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
4			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
5			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
6			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
7			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
8			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
9			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
10			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
11			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
11			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
12			___ ozs. ___ cc's	L Side ___ min R Side ___ min	Yes No	Yes No	Yes No				
TOTALS:			___ ozs. L ___ R								

Full Bath: Yes No