

BABY HEALTH TRACKER

NAME
DATE

Feeding & Hydration

TIME	METHOD (BREAST/BOTTLE)	AMOUNT/DURATION	NOTES / REACTIONS
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Diapers & Bowels

TIME	WET	DIRTY	CONSISTENCY / COLOR
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Health Vital Signs

TIME	TEMPERATURE	MEDICATION/DOSE	SYMPTOM OBSERVATIONS
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Sleep & Activity

START TIME	END TIME	DURATION	MOOD / MILESTONES
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Daily Summary / Provider Notes