Belilovsky Pediatrics 523 Oceanview Avenue Brooklyn, NY 11235 (718) 332-6652

12 Mos

(7	18) 332-	6652	L	00					
Date: Time:					1	Patient Name:			
PEDIATRIC ASSESSMENT 12 MONTHS - WELL VISIT					Date of Birth:				
Exposure to Tobacco Smoke: Yes No									
Interpreter: Yes No Allergies									
FL	ACC Behav	vior paın scale	e score: _			A	pical _	Resp	
Length: Head Circumference:									
History of Illness since last visit:									
Reason for visit:									
Do you think that your child is developing according to his/her age?									
MA Signature									
AGE	DEVELOPM TASKS	ENTAL *	⊠ no ☑ yes	☑ NORMAL	X ABNORMAL DESCRIBE ON PROGRESS SH	DIE	ET ⊠ no	ANTICIPATORY GUIDANCE/ IMMUNIZATIONS ☑ yes ☑ no	
12 MONTHS	Precise pince Points Has 1-3 new "Mama" "Da Looks for dre Crawls on ha Stands alone Bang 2 toys Plays pat-a-e Waves bye b Avoids eye c Tunes Out	port or few steps er grasp words plus ada" popped or hidden of ands & knees 2 seconds together pye (0) ontact (1)	objects []	n F	LUNGS [LUNGS [HEART [ABD [* HERNIA [GENITALIA [EXT. [NEURO [A Normal Check- Mark Indicates No	BREAST [MILK TABLE FOO STOP BOT EATS & DI ONLY SITT FLUORI Prescripti City Wate	DD TLE RINKS TING DE On On On On On On On O	Reemphasize: Tap water temp., not to exceed 120° F; poison proofing, stair safety, water safety, auto seat restraints, fences and gates. Domestic Violence Avoid tobacco exposure share a toy immunisations updated Flu Vaccine RA PPD RA Lead RA All Lead Counseling done Including Sources and Severe Long-Term Consequences. Literature Made Available. Blood Levels UTD. Follow-up Plan:	
*Underlined Milestones should be achieved by at least 90% of children by this age. If (1) or more "NO's" for underlined items, indicate F/U in plan/orders ** (O) = Objective if possible RA = Risk Assessment									
*** Boxed items are abnormal at any age. Indicate follow up									
DATE TIME PROGRESS NOTES								9	
-									
-	-								
Physician Signature:									
Si	Stamp:								
						1			