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

15 Mos

ID Sticker:

Date: _____ **Time:** _____

Patient Name: _____

Date of Birth: _____

PEDIATRIC ASSESSMENT 15 MONTHS - WELL VISIT

INFORMANT _____

Exposure to Tobacco Smoke ☐ Yes ☐ No

Interpreter: _____ ☐ Yes ☐ No Allergies _____

FLACC Behavior pain scale score: _____ Temp _____ Apical _____ Resp _____

Length: _____ Weight: _____ Head Circumference: _____

History of Illness since last visit: _____

Reason for visit: _____

Do you think that your child is developing according to his/her age? ☐ **YES** ☐ No

MA Signature _____

AGE	DEVELOPMENTAL * TASKS ☒ no ☑ yes	☑ NORMAL ☒ ABNORMAL DESCRIBE ON PROGRESS SHEET	DIET ☑ yes ☒ no	ANTICIPATORY GUIDANCE/ IMMUNIZATIONS ☑ yes ☒ no
15 MONTHS	Walks alone ☐ (0) Crawls up stairs ☐ Puts raisin in bottle ☐ Points to 1-2 body parts ☐ 3 - 6 words: Jargon ☐ Gestures ☐ Understands simple commands ☐ ☐ Avoids eye contact ☐ Tunes out ☐ Rolling / Head banging	GENERAL APPEARANCE ☐ HEAD ☐ Fontenels ☐ SKIN ☐ EYES ☐ ENT ☐ TEETH ☐ LUNGS ☐ HEART ☐ ABD ☐ GENITALIA ☐ * HERNIA ☐ *Testes* ☐ *boy* EXT. ☐ GAIT ☐ NEURO ☐ * A Normal Check-Mark Indicates NOT Present	MILK ☐ PREVENTION OF DENTAL DECAY NO BOTTLE IN BED WITH JUICE OR OTHER DRINKS ☐ FINGER FEEDS ☐ FLUORIDE ☐ Prescription ☐ City Water ☐	REEMPHASIZE: Lock doors ☐ Domestic Violence ☐ Danger of aspiration from nuts, popcorn, gum, etc. ☐ Burns & scalds ☐ Never leave alone with water; (drowning) ☐ PICA ☐ Avoid Tobacco exposure ☐ Share a toy ☐ Flu Vaccine Risk Assessment ☐ Vaccine Update ☐

*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
*** Boxed items are abnormal at any age. Indicate follow up
RA = Risk Assessment

Lead RA **All Lead Counseling done including Sources and Severe Long-Term Consequences. Literature Made Available. Blood Levels UTD.** ☐

Follow-up Plan:

DATE	TIME	PROGRESS NOTES

Physician Signature: _____

Stamp: