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

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Date of Birth:	′,	10) 00	DE 000E		, , , , , , , , , , , , , , , , , , ,				
Avoids eye contact Allergies Allergies Allergies April Appearance App	Date: Time:					Patient Name:			
Yes No Allergies	IN			IT 15 MONTHS	- WELL VISIT	Date of Bi	rth:		
LACC Behavior pain scale score: Temp Apical Resp ength: Weight: Head Circumference: He	Ex	posure to	o Tobacco Smo	oke 🗌 Ye	s No				
LACC Behavior pain scale score: Temp Apical Resp ength: Weight: Head Circumference:	Interpreter: Yes No Allergies								
ength: Weight: Head Circumference:									
istory of Illness since last visit: deason for visit: do you think that your child is developing according to his/her age? IA Signature DEVELOPMENTAL* DESCRIBE ON IA Signature DEVELOPMENTAL* DESCRIBE ON PROGRESS SHEET DESCRIBE ON ANTICIPATORY GUIDANCE/ IMMUNIZATIONS DIET									
Bevelopmental Dievelopmental Dieve									
A Signature YES No No No No No No No N									
DEVELOPMENTAL *									
DEVELOPMENTAL*									
Malks alone (0) GENERAL HEART MILK PREVENTION Yes No Yes									
Walks alone (0) Crawls up stairs APPEARANCE ABD OF DENTAL Points to 1-2 body parts SKIN General Ferror Both Junce on the part of the p	AGE	DEVELO: TASKS	PMENTAL *	-	✓ NORMAL	DESCRIBE ON	0.00	IMMUNIZATIONS	
Puts raisin in bottle			To and			HEART 🗌		REEMPHASIZE:	
Points to 1-2 body parts SKIN Testes 6øy Burns & scalds Burns &			,			ABD □			
SKIN Testes 6oy Never leave alone with water; (drowning) Never leave alone with waters a					Section of the sectio				
Gestures STATE Boy OTHER DRINKS PINCE area we alone with water; (drowning) PICA Avoid seye contact LUNGS TEETH NEURO FLUORIDE Vaccine Risk Assessment Vaccine Update Va	S			_		Control of the Contro	Burns & scalds		
Avoids eye contact Tunes out Rolling / Head banging TEETH NEURO Tunes out Rolling / Head banging *A Normal Check-Mark Indicates NOT Prescription City Water City Water Consequences. Literature Made Available. Blood Levels UTD. To proceed them are abnormal at any age. Indicate follow up A = Risk Assessment DATE TIME PROGRESS NOTES *Invaccine Risk Assessment Vaccine Update City Water City	E	3 - 6 words: Jargon		200	3				
Avoids eye contact Tunes out Rolling / Head banging TEETH NEURO Tunes out Rolling / Head banging A Normal Check-Mark Indicates NOT Prescription City Water Clost	15 MOI	Gestures [Avoid Tobacco exposure		
Avoids eye contact Tunes out Rolling / Head banging *A Normal Check-Mark Indicates NOT Present *Diction of the prescription of the p						FINGER FEEDS			
Rolling / Head banging *A Normal Check-Mark Indicates NOT Present Prescription City Water Including Sources and Severe Long-Term Consequences. Literature Made Available. Blood Levels UTD. Follow-up Plan: TIME PROGRESS NOTES Prescription City Water Including Sources and Severe Long-Term Consequences. Literature Made Available. Blood Levels UTD. Follow-up Plan: Fo				LUNGS 🗌 🔒		FLUORIDE	_		
Underlined Milestones should be achieved by at least 90% of children by this age. (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 A = Risk Assessment DATE TIME PROGRESS NOTES Long-Term Consequences. Literature Made Available. Blood Levels UTD. Follow-up Plan:						Prescription	Lead RA All Lead Counseling done		
(1) or more "NO's" for <u>underlined</u> items, indicate F/U in plan/orders (O) = Objective if possible ** Boxed items are abnormal at any age. Indicate follow up A = Risk Assessment DATE TIME PROGRESS NOTES Made Available. Blood Levels UTD.									
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