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

18 MOS

ID Sticker:

Patient Name: ______________________

Date of Birth: ______________________

Date: __________ **Time:** __________

PEDIATRIC ASSESSMENT 18 MONTHS - WELL VISIT

Exposure to Tobacco Smoke ☐ Yes ☐ No

Informant: ______________________

Interpreter: ______________________ ☐ Yes ☐ No Allergies: ______________________

FLACC Behavior pain scale score: __________ Temp: __________ Pulse: __________ Resp: __________

Length: __________ Weight: __________ Head Circumference: __________

History of illness since last 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
18 MONTHS	Walks upstairs with help ☐	GENERAL APPEARANCE ☐	HEART ☐	FOOD NEEDS NOT LARGE ☐	STRESS FIRMLY:
	Sits in chair ☐	HEAD ☐	ABD ☐	MEALTIME NOT TO BE A BATTLE ☐	Domestic Violence ☐
	3 - 4 cube tower ☐	Fontanelles ☐	* HERNIA ☐	Healthy Snacks ☐	Stairs & window safety ☐
	Uses spoon ☐	EYES ☐	*Testes* ☐ *boy*	Floride ☐	Don't leave alone in car or home ☐
	Imitates a crayon stroke ☐	SKIN ☐	GENITALIA ☐	Prescription ☐	Guard against falls, electrical injuries, Drowning ☐
	4 - 10 words ☐	ENT. ☐	EXT. ☐	City Water ☐	Sleep patterns & night fears ☐
	May tell 2 or more wants ☐	TEETH ☐	GAIT ☐		Temper tantrums ☐
	Knows body parts ☐ (O)	LUNGS ☐	NEURO ☐		Avoid Tobacco ☐
	Can do well in loving ☐				Update vaccine ☐
	Holds cup or glass without spilling ☐				**shares a toy** ☐
	Takes off shoes ☐				Flu Vaccine RA ☐
	Imitates household chores ☐		* A Normal Check-Mark Indicates NOT Present		Lead RA **All Lead Counseling done Including Sources and Severe Long-Term Consequences. Literature Made Available. Blood Levels UTD.** ☐
	☐ Avoids eye contact ☐ Rocking ☐ Head banging				

*Underlined Milestones should be achieved by at least 90% of children by this age.
If (1) or more "NO's" for underlined items, indicate follow-up in plan/orders.
** (O) = Objective if possible.
*** Boxed items are abnormal at any age. Indicate follow-up.
RA= Risk Assessment

Follow-up Plan:

DATE	TIME	PROGRESS NOTES

Physician Signature: ______________________

Stamp: