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

2 Mos

ID Sticker:

Date:_____ **Time:**_____

Patient Name: _____

Date of Birth: _____

PEDIATRIC ASSESSMENT 2 MONTHS - WELL VISIT
INFORMANT _____

Interpreter ☐ Yes ☐ No Exposure to Tobacco Smoke ☐ 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
2 MONTHS	Lifts head temp, erect when held upright ☐ Regards face in direct line of vision ☐ Grasps rattle placed in hand ☐ Social Smile ☐ (O) Coos ☐ (O) Responds to loud sounds ☐	GENERAL APPEARANCE ☐ SKIN ☐ ABD ☐ JAUNDICE ☐ * * HERNIA ☐ HEAD ☐ GENITALIA ☐ Fontenels ☐ *Testes* ☐ *boy* EYES ☐ * *Hydrocele* ☐ *boy* Discharge ☐ EXT. ☐ ENT. ☐ HIPS ☐ LUNGS ☐ NEURO ☐ HEART ☐ Femoral Arteries ☐ * A Normal Check-mark Indicates NOT Present	BREAST ☐ FORMULA ☐ _____ _____ VITAMINS ☐ HERBS ☐ STOOLS_____ FLUORIDE ☐ Prescription ☐ City Water ☐	Do not lay on bed or table unattended ☐ Sleep patterns ☐ Observe parent-child interactions ☐ Domestic Violence ☐ Day care/ Babysitters ☐ Avoid exposure to Tobacco ☐ Newborn Screen ☐ Update Vaccines ☐ Lead RA All Lead Counseling done including Sources and Severe Long-Term Consequences. Literature Made Available. ☐ 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 are checked, indicate F/U in plan/orders.
** (O) = Objective if possible
RA = Risk Assessment

DATE	TIME	PROGRESS NOTES

Physician Signature: _____

Stamp: