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

2 YRS

ID Sticker:

Date: __________ Time: ___________

Patient Name: ______________________

Date of Birth: ______________________

PEDIATRIC ASSESSMENT 2 YEARS - WELL VISIT

Informant: ______________________ Allergies: __________

Interpreter: ______________________ ☐ Yes ☐ No

BMI / Percentile:

FLACC Behavior pain score: ______________ B/P: __________

Length: __________ Weight: __________ BMI: __________ Head Circumference: __________

History of illness since last visit: ______________________

Exposure to tobacco smoke? ☐ Yes ☐ No ______________________

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

RN/MA Signature ______________________

DATE PROVIDER INITIAL	AGE	DEVELOPMENTAL * TASKS ☑ PRESENT	☑ NORMAL ☒ ABNORMAL DESCRIBE ON PROGRESS SHEET		Dental	ANTICIPATORY GUIDANCE/ PLAN IMMUNIZATIONS ☑ yes ☒ no
	2 YEARS	Walks up steps ☐	GENERAL APPEARANCE ☐	HEART ☐	Regular Dental Appts ☐	STRESS DANGERS: Burns, falls from windows, cabinets, furniture, poison, machinery, plastic bags ☐
		Jumps in place ☐	SKIN ☐	ABD ☐	Floride ☐	Eat & drink in sitting position ☐
		Stacks 5 - 6 cubes ☐	HEAD ☐	* HERNIA ☐	Prescription ☐	Reemphasize previous cautions ☐
		Makes horizontal or circular strokes ☐	EYES ☐	GENITALIA ☐	City Water ☐	Discuss toilet training ☐
		50+ words ☐	EOM ☐	EXT. ☐		Share a toy ☐
		Knows name ☐	ENT ☐	NEURO ☐		Update vaccines ☐
		Parents understand child's speech ☐	HEARING ☐			
		"What's that?" ☐	TEETH ☐			
		Runs without falling ☐	LUNGS ☐			
		Repeats words others say ☐				
		Looks at pictures in picture book ☐				
		Combines 2 words ☐				
		Kicks ball forward ☐				
		Persistent rocking, head banging ☐	* A Normal Check-Mark Indicates NOT Present			

Nutritional Behavior

Nutritional Education Material given (including kidshealth.org web site). ☐

Patient Nutritional Assessment Done (includes BMI / Percentile) ☐

Nutritional Referral Indicated. Yes ☐ **NO** ☐

Speech/Language Referral ☐ Yes ☐ **No**

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

Physical Activity / Fitness

Educational Materials Given (Includes kidshealth.org website) ☐

Present Activity/Excercise Reviewed and Advise Given. ☐

Follow-up Plan:

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

DATE	TIME	PROGRESS NOTES

Physician Signature: ______________________

Stamp: