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

4 YRS

ID Sticker:

Date: _____ **Time:** _____

Patient Name: _____

Date of Birth: _____

PEDIATRIC ASSESSMENT 4 YEARS - WELL VISIT

Exposure to Tobacco Smoke ☐ Yes ☐ No

Informant: _____ _____

Interpreter: ☐ Yes ☐ No Allergies: _____ **BMI / Percentile:**

FLACC Behavior pain score: _____ B/P: _____

Height: _____ Weight: _____ Temp: _____ Pulse: _____ Resp.: _____

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 NOTE	DIET/DENTAL ☑ yes ☒ no	ANTICIPATORY GUIDANCE/ IMMUNIZATIONS ☑ yes ☒ no
4 YEARS	Hops, jumps forward ☐ Climbs ladder ☐ Peddles tricycle ☐ Can cut & paste ☐ Knows 3 of 4 colors ☐ Dresses & undresses c supervision ☐ Uses action words ☐ Counts to 10 ☐ Gender I.D. ☐ Draws person - 3 parts ☐ Copies square ☐ Plays hide & seek ☐ Names pictures in books or magazines ☐ Plays with imaginary companion ☐ Copies circle ☐ First & last name ☐ Balances on one foot 2 secs ☐ Inappropriate play/no pretend play ☐	GENERAL APPEARANCE ☐ SKIN ☐ HEAD ☐ EYES ☐ Red Reflex ☐ EOM ☐ VISUAL ACUITY ☐ ENT ☐ HEARING SCREEN ☐ LUNGS ☐ TEETH ☐ HEART ☐ ABD ☐ * HERNIA ☐ GENITALIA ☐ EXT. ☐ NEURO ☐ *A Normal Check-Mark Indicates NOT Present	FAMILY TALK ☐ MEALTIMES ☐ Regular Dental Appointments ☐ Floride Prescription ☐ City Water ☐	REEMPHASIZE: Domestic Violence ☐ Water safety ☐ Avoid strangers ☐ Crossing and/or playing in street ☐ Auto seat restraints ☐ Home fire safety ☐ Sleep in own bed ☐ Bedtime ritual ☐ Share a toy ☐ Games ☐

Nutritional Behavior

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

Patient Nutritional Assessment Done (includes BMI / Percentile) ☐

Nutritional Referral Indicated.
Yes ☐ NO ☐

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

Immunisations reviewed and discussed. Appropriate Plans for Follow-Ups Made ☐

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 by this age.
If (1) or more "NO's" for underlined items, indicate in plan/orders
** (O) = Objective if possible
*** Boxed items are abnormal at any age. Indicate follow up.
RA = Risk Assessment

DATE	TIME	PROGRESS NOTES

Physician Signature: _____

Stamp: