Belilovsky Pediatrics
523 Oceanview Avenue
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7 - 8 YRS

ID Sticker:

Date: _____ **Time:** _____

Patient Name: _____

Date of Birth: _____

WELL CHILD ASSESSMENT (7 - 8 YEARS)

Informant: _____ Allergies: _____

BMI / Percentile :

Current Medications (See summary list): _____

Measurements: Ht. _____ Wt. _____ B.P. ___/___ Temp. _____ Pulse _____ Resp. _____

Are you feeling pain now? ☐ Yes ☐ No Have you had pain recently? ☐ Yes ☐ No Medications Alleviate Pain? ☐ Yes ☐ No

Pain Scale 0 NO PAIN 2 4 MODERATE PAIN 6 8 WORST PAIN 10

MA Signature: _____

Risk Assessment:	Yes	No
TB	☐	☐
Lead	☐	☐
Cholesterol	☐	☐
Tobacco/Smoking	☐	☐
Drugs/Alcohol	☐	☐
Violence (include schoolyard & firearms)	☐	☐

If at Risk then Counseled for:
- ☐ TB
- ☐ Lead
- ☐ Cholesterol
- ☐ Tobacco/Smoking
- ☐ Drugs/Alcohol
- ☐ Violence (include schoolyard & firearms)

Chief Concern

Nutrition Assessment:
Vomiting and/or diarrhea-more than a day? ☐ Yes ☐ No
Unexpected weight gain or loss? ☐ Yes ☐ No
Yes to one or more of the above indicates referral ☐ Yes ☐ No

Social Assessment:
Housing _____ Food _____ Need for Social Service? * abnormal ☐ Yes ☐ NO
Referral indicated ☐ Yes ☐ No - Explain in progress notes

Interval History: Personal _____
Family _____

Physical Exam:

	normal	abnormal*		normal	abnormal*
Skin	☐	☐	Heart	☐	☐
Head/Neck	☐	☐	Lungs	☐	☐
Eyes/Vision	☐	☐	Abdomen	☐	☐
Ear/Hearing	☐	☐	Extremities	☐	☐
Nose/Throat	☐	☐	Pulses	☐	☐
Nodes:	☐	☐	Back	☐	☐
Teeth/Gums	☐	☐	Neuro	☐	☐
			Genitalia	☐	☐
			Anus	☐	☐

*indicate on progress note

Nutritional Behavior
Nutritional Education Material given (including kidshealth.org web site). ☐
Patient Nutritional Assessment Done (includes BMI / Percentile) ☐
Nutritional Referral Indicated.
Yes ☐ NO ☐

Physical Activity / Fitness
Educational Materials Given (Includes kidshealth.org website) ☐
Present Activity/Excercise Reviewed and Advise Given. ☐

Development: ☑ Yes ☒ No
- ☐ Reads for pleasure
- ☐ Can tell time
- ☐ Failing grade* ← *☒ IS NORMAL

Nutritional:
- ☐ Balanced diet with junk food
- ☐ Maintain appropriate weight
- ☐ Use of herbs/vitamins

Parenting:
- ☐ Review rules re: bedtime, TV, chores, homework
- ☐ Encourage and show interest in school work
- ☐ Library card, encourage pleasure read
- ☐ Provide allowance
- ☐ Spend time alone with each child
- ☐ Encourage family activities
- ☐ Adult supervision
- ☐ "Time out"

Impressions: _____

- ☐ Concerned about fair/unfair
- ☐ Responsible for home chores
- ☐ Problem behavior*

Good Health Habits:
- ☐ Dental care (brushing, flossing, dental visits)
- ☐ Encourage sports and exercise
- ☐ Risk Reduction: Drugs, Alcohol, Tobacco

Safety:
- ☐ No smoking, alcohol or drugs
- ☐ Bicycle/skating safety rules
- ☐ Seat belt usage
- ☐ Firearms
- ☐ Telephone response
- ☐ Good touch / bad touch
- ☐ Swim with supervision
- ☐ Seasonal Safety (eg. Travel advice, Environmental Exposure)

Plan:
_____ Immunizations ☐ Complete ☐ Incomplete ☐ Flu Vaccine
_____ Vision (O) Risk Assessment
_____ Hearing (O) O = Objective S = Subjective

Provider Signature: _____

Provider Stamp/Print: