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

9 Mos

ID Sticker:

Date: _____ **Time:** _____

Patient Name: _____

Date of Birth: _____

PEDIATRIC ASSESSMENT 9 MONTHS - WELL VISIT
INFORMANT _____

Exposure to Tobacco Smoke ☐ Yes ☐ No

Interpreter: _____ ☐ 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
9 MONTHS	Sits Well ☐ (O) Crawls, creeps ☐ Pulls to stand ☐ Assisted walking ☐ Inferior pincer grasps - pokes ☐ Pat-a-cake ☐ Peek-a-boo ☐ Imitates speech sounds ☐ "Dada" "Mama" ☐ Turns to quiet sounds ☐ Holds bottle ☐ Avoids Eye Contact ☐	GENERAL APPEARANCE ☐ HEAD ☐ HEART ☐ Fontenels ☐ ABD ☐ SKIN ☐ GENITALIA ☐ EYES ☐ EXT. ☐ EOM ☐ NEURO ☐ STRABISMUS ☐* ENT. ☐ TEETH ☐ LUNGS ☐ * A Normal Check-mark Indicates NOT Present	BREAST ☐ FORMULA ☐ TABLE FOOD ☐ OFFER ONE PIECE AT A TIME! ☐ EAT SITTING UP ☐ SELF FEEDING ☐ TOAST ☐ TEETHING ☐ BISCUITS ☐ WEAN TO CUP ☐ FLUORIDE ☐ Prescription ☐ City Water ☐	Protection / Ambulation ☐ Domestic Violence ☐ AVOID popcorn - nuts - raw carrot - grapes hot dogs or celery sticks - raw apple - raisins hard candy, exposure to tobacco ☐ Tiny toy pieces - includes plastic ☐ Small disk batteries ☐ Prevent falls ☐ Water safety ☐ Update Vaccine ☐ RA - TB ☐ Flu Vaccine RA ☐ Hb/Hct. Anemia discussed and Literature Made Available. ☐ Share a toy ☐

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

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 F/U 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: