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

9- 11 YRS

ID Sticker:

Date: __________ Time: __________

Patient Name: ______________________

Date of Birth: ______________________

WELL CHILD ASSESSMENT (9 - 11 YEARS)

Informant: ______________________ Allergies: ______________________

BMI / Percentile:

Current Medications (see summary list): ______________________

Measurements: Ht. ________ **Wt.** ________ **BP** ________ **Temp.** ________

Are you having pain today? ☐ Yes ☐ No

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

MA Signature: ______________________ Date: __________

Risk Assessment:	Normal	Abnormal	If Patient at Risk then Counseled for:	Chief Concern
TB	☐	☐	☐ TB	______
Lead	☐	☐	☐ Lead	______
Cholesterol	☐	☐	☐ Cholesterol	______
Tobacco/Smoking	☐	☐	☐ Tobacco/Smoking	______
Drugs/Alcohol	☐	☐	☐ Drugs/Alcohol	______
Violence (include school yard & firearm)	☐	☐	☐ Violence (include school yard & firearm)	______

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 notes

Nutritional Behavior

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

Patient Nutritional Assessment Done (includes BMI / Percentile) ☐

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

Development:

______ Shows affection and interest
______ Sexuality
______ School / Academics

______ Family communication
______ Responsibility, decision making
______ Conflict resolution

Social Assessment Done: _______

______ Peers

______ Hobbies

Physical Activity / Fitness

Educational Materials Given (Includes kidshealth.org website) ☐

Present Activity/Excercise Reviewed and Advise Given. ☐

Nutritional:

______ Avoid junk food, alcohol, smoking
______ Appropriate weight maintained
______ Supplement, vitamins & minerals/herbals

Good Health Habits:

______ Dental care
______ Sports / exercise
______ Risk Reduction: Drugs, Alcohol, Tobacco

Parenting:

______ Communication
______ Adult Supervision

Safety:

______ Drugs, alcohol, tobacco
______ Sex
______ Firearms / guns
______ Bicycle Helmet
______ Seat Belts

Impression: ______________________

Plan: ______________________

______ Urine analysis
______ Immunizations ☐ Complete ☐ Incomplete
☐ Flu Vaccine Risk Assessment
______ Vision (O) ______ Hearing (O) O = objective S = Subjective

Provider Signature:

Provider Stamp/Print: