

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

**12 -18  
 YRS**

ID Sticker:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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<b>Psychosocial Status Evaluation/Anticipatory Guidance:</b>		AG given
<b>Psychosocial:</b>		
Appetite		
Sleep		
Stress		
Anxiety		
Depression		
Hobbies/Activities		
Home/Family Issues		
School	Grade	
School Work		
Work/Employment		
Career Goals		
Friends/Peers		
Dating		
Sexually Active		
Physical/Sexual Assault/Abuse		
HIV Counseling	Y <input type="checkbox"/> N <input type="checkbox"/> Testing Y <input type="checkbox"/> N <input type="checkbox"/> Date: _____ Location: _____	
<b>Assessment:</b>	<b>Plan/Order: Circle or Check if Performed (if indicated)</b>	
Well Adolescent	<b>Labs:</b> CBC _____ UA _____	
	Cholesterol _____ RPR _____	
	Sickle Cell _____ Hep A, B, C _____	
<b>Other Problems:</b>	Other: _____	
	<b>Screens:</b> Dental _____ Vision _____ Hearing _____ **	
	as PPD _____	
	indicated: Breast self exam taught <input type="checkbox"/>	
	Testicular self exam taught <input type="checkbox"/>	
<b>Attending Note:</b>	Developmental <input type="checkbox"/>	
	<b>Immunization</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	
	<b>Risk Assessment Flu Vaccine</b> <input type="checkbox"/>	
<b>Refer To Social Worker</b> <input type="checkbox"/>	<b>Follow Up Appointments Dates:</b>	
	2 days for PPD check	
<b>Refer For HIV Pre-Test Counseling</b> <input type="checkbox"/>	Dental: _____	
<b>Other Referrals:</b>	Adolescent Medical _____	
	Adolescent Gyn _____	
<p style="text-align: center;"><b>Physical Activity / Fitness</b></p> <p>Educational Materials Given (Includes kidshealth.org website) <input type="checkbox"/></p> <p>Present Activity/Exercise Reviewed and Advise Given. <input type="checkbox"/></p>		<p style="text-align: center;"><b>Nutritional Behavior</b></p> <p>Nutritional Education Material given (including kidshealth.org web site). <input type="checkbox"/></p> <p>Patient Nutritional Assessment Done (includes BMI / Percentile) <input type="checkbox"/></p> <p>Nutritional Referral Indicated. Yes <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
<b>Provider's Signature:</b>		<b>Date/Time</b>
<b>Stamp:</b>		

\*\*vision / hearing objective at 1st visit 12, 15, & 18 years.

AG = Anticipatory Guidance