

### Rossignol Medical Center

Daniel A. Rossignol MD, Lanier Rossignol FNP, Nicole Rincon PA-C, Sandra Kreizenbeck FNP, Dane Flidner MD, Tracie Salber CPNP, and Salma Ahsan DO

#### Follow-up Form

To be filled out by the parent or responsible person signing the consent form

**Please note there are 3 pages**

Email completed form to [katie@rossignolmedicalcenter.com](mailto:katie@rossignolmedicalcenter.com) and [rossignolmd@gmail.com](mailto:rossignolmd@gmail.com) or fax to [949-407-7652](tel:949-407-7652)

Patient Name \_\_\_\_\_ Current Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Date of appointment:

Date of last visit or contact:

Please list any allergies to any medicines or supplements:

Updates to preferred regular (non-compounding) and compounding pharmacies (with phone/fax numbers):

Any update to address or phone numbers? If so, please list:

Please list any positive (good) changes since last contact:

Please list any negative (bad) changes since last contact:

Please list any persistent, unresolved, troubling behaviors and/or symptoms (e.g. diarrhea, constipation, poor feeding, etc):

What medications (not supplements) are being taken? (Please list with dose and times given):

Drug:	Dose:
Drug:	Dose:
Drug:	Dose:
Drug:	Dose:
Drug:	Dose:
Drug:	Dose:
Drug:	Dose:
Drug:	Dose:
Drug:	Dose:

#### RMC FOLLOWUP FORM

**Florida**  
2340 Dairy Road, Suite 104  
Melbourne, FL 32904

**California**  
24502 Pacific Park Drive, Suite 104  
Aliso Viejo, CA 92656

**California – Northern CA**  
4463 Stoneridge Drive, Suite A  
Pleasanton, CA 94588



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**Please indicate below how your child is doing:**

Expressive speech:

Receptive understanding:

Sleep patterns:

Eye contact:

Stereotypies (stimming/self-stimulatory behaviors):

Obsessive or compulsive behavior:

Attention:

Hyperactivity:

Play and interaction with peers (social interaction):

Bowel movements:

Fine motor:

Gross motor:

**What therapies are currently being used (ABA, speech, etc...)?**

**Please list out your child's 3 greatest problems (for example, speech, attention, etc):**

**Please list out your child's 3 greatest strengths:**

**What do you want to address during today's consult? For example, what are your top 3 concerns you wish to discuss today?**

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