ROSSIGNOL MEDICAL CENTER

Daniel Rossignol MD • Lanier Rossignol FNP-C • Nicole Rincon PA-C • Sandra Kreizenbeck FNP •
Dane Fliedner MD • 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 and rossignolmd@gmail.com or fax to 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:
Drug: Dose:
Drug: Dose:

Please list any other medications:

Diet:

Gluten & Casein Free?

Is the child eating adequate quantities and varieties of food?

What supplements are being taken? (Please list with dose and times given):

Supplement:	Dose:
Supplement:	Dose:
Supplement:	Dose:
Supplement:	Dose:
Supplement:	Dose:
Supplement:	Dose:
Supplement:	Dose:
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Supplement:	Dose:
Supplement:	Dose:
Supplement:	Dose:

Please list any other nutritional supplements:

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?