

Dr. Scott L. Rosa

Board Certified Atlas Orthogonist
230 Rock Hill Drive, P.O. Box 437
Rock Hill, New York 12775
p.(845) 796-2200 * f.(845) 796-3724

Name_____D.O.B._____

Permanent Mailing Address_____

Temporary Address_____

Social Security #_____Phone#_____Cell#_____

Employer's Name/Address_____

Marital Status_____Spouse's Name_____

PERSON RESPONSIBLE FOR PAYMENT_____

Referred to this office by_____

Have you ever had Chiropractic care before?_____If yes, how long ago?_____

Were X-Rays taken?_____MRI's_____CT Scans_____

Present Complaint_____

When did you first notice this?_____

Do you wish only emergency treatment or corrective care?

Please understand that this office does NOT accept insurance as payment for care, however, we ARE more than willing to complete your insurance forms so that you will be re-imbursed by your insurance carrier.

Signature

Date