

Dr. Scott L. Rosa      Board Certified Atlas Orthogonist      230 Rock Hill Drive, P.O. Box 437  
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Past Medical History

Prior Surgery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Accidents/Injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had this problem in the past?     Yes     No    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seek Help?     Yes     No      Treatment Received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Taking any Medication?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review of Symptoms:

Headache: \_\_\_\_\_      Seizures: \_\_\_\_\_

Syncope: \_\_\_\_\_      Blurred Vision: \_\_\_\_\_

Dizziness: \_\_\_\_\_      Vertigo: \_\_\_\_\_

Tinnitus: \_\_\_\_\_      Deafness: \_\_\_\_\_

Paresthesias: \_\_\_\_\_      Incontinence: \_\_\_\_\_

Weakness: \_\_\_\_\_      Bowel: \_\_\_\_\_

Indigestion/Heartburn: \_\_\_\_\_      Lungs: \_\_\_\_\_

Arrhythmia: \_\_\_\_\_      Hyper/Hypo Tension: \_\_\_\_\_

Angina: \_\_\_\_\_      Diabetes: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_