



Riverside Orthopedic Consultants
1242 13th Avenue
Grafton, Wisconsin 53024

Name _____ DOB _____

Social Security number _____ Phone _____

Cell phone/Work _____ Which do you prefer? _____

Address _____

Primary Care Doctor name/address/phone/Fax number

Primary Insurance _____

Are you the Insured? Yes/No If No who holds the insurance?

Name _____ DOB _____ SS# _____

Secondary Insurance _____

Are you the insured? Yes/No If not who holds the insurance?

Name _____ DOB _____ SS# _____

Do you have any of the following allergies?

_____ Anesthesia _____ Latex _____ Codeine _____ Lidocaine _____

Are you allergic to any antibiotics? Which ones? _____

Other allergies _____

Do you have a history of:

Alcoholism _____ Obesity _____ Asthma _____ Cancer _____

Stroke _____ High Blood Pressure _____ COPD _____ Migraines _____

Diabetes _____ Heart Disease _____ Liver Disease _____ Kidney Disease _____

Depression _____ Gastrointestinal problems _____

Please use the rest of this page or list on a separate sheet/or back your medications:

