ARCTIC SKYE FAMILY MEDICINE
561 S. Denali Suite E
Palmer, AK 99645

Name: _____
Date of Birth: _____
Date: _____

Allergies: _____

Childs Birth History

□ Unknown □ Adopted □ Foster
Length of Pregnancy_____
Prenatal care began_____

Did mom have any of the following problems during pregnancy?
□ High blood pressure □ Bleeding
□ Excessive weight gain □ Diabetes
□ Accident /Injury □ Swelling

Explain:_____
_____
_____

Medications/drugs mom took during pregnancy:_____
_____
_____

Smoking while pregnant □ None □ Moderate □ Heavy
Alcohol while pregnant □ None □ <1/wk □ > 1 wk

Length of labor _____
Birth Weight _____
Length of hospital stay _____

Delivery
□ Vaginal Birth □ C-Section □ VBAC

After Birth
□ Breathing problems □ Low blood sugar
□ NICU □ Oxygen needed
□ Yellow skin/Jaundice □ Antibiotics
□ IV fluids

Patient Social History

Parents
□ Married □ Divorced □ Single
□ Living together □ Separated □ Widowed

Child lives with:
□ Both Parents □ Mother □ Father
□ Guardian □ Other_____
Household members include:_____

Patient Medical Problems

	Date
□ Congenital Heart Disease	_____
□ Asthma	_____
□ Recurrent ear infections	_____
□ Food allergies	_____
□ Eczema	_____
□ ADD/ADHD	_____
□ Autism	_____
□ Developmental Delay	_____
□ _____	_____
□ _____	_____
□ _____	_____
□ _____	_____
□ _____	_____

Patient Hospitalizations/Surgeries

	Date
♦ _____	_____
♦ _____	_____
♦ _____	_____
♦ _____	_____
♦ _____	_____
♦ _____	_____

Patient Injuries

♦ _____	_____
♦ _____	_____
♦ _____	_____
♦ _____	_____

Patient Immunizations

□ Up to Date
□ Needed_____

Patient Current Medications

♦ _____
♦ _____
♦ _____
♦ _____
♦ _____
♦ _____
♦ _____
♦ _____

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Patient Exercise

□ No Exercise
□ Irregular Exercise
□ Regular Exercise How Often per week? _____
Type? _____

Patient Smoking History

□ Never smoked or chewed tobacco
□ Used in past, but quit on_____
□ Still smoke cigarettes/pipe/cigar
Amount per day_____
□ Still chew tobacco
Amount per day _____
□
Other_____
_____

Patient Substance Use/Abuse

Alcohol
□ Never Use □ Occasional Use □ Weekly Use
□ Daily Use □ Past Use □ Quit
Amount:
_____Type:_____
Drugs
□ Never Use □ Occasional Use □ Weekly Use
□ Daily Use □ Past Use □ Quit
Amount: _____Type:_____

Patient Work/School

Attends School_____
Works _____

Age of home or apartment:_____
Pets:_____

Alcohol Use in Household	□ Yes	□ No
Tobacco Use in Household	□ Yes	□ No
Drug Use in Household	□ Yes	□ No
Domestic Violence in House	□ Yes	□ No

Family Medical History

Mother □ Living □ Deceased
Medical Hx/Cause of death_____
_____

Mom's Mother(Maternal Grandmother)
□ Living □ Deceased
Medical Hx/Cause of death_____
_____

Mom's Father(Maternal Grandfather)
□ Living □ Deceased
Medical Hx/Cause of death_____
_____

Father □ Living □ Deceased
Medical Hx/Cause of death_____
_____

Dad's Mother(Paternal Grandmother)
□ Living □ Deceased
Medical Hx/Cause of death_____
_____

Dad's Father(Paternal Grandfather)
□ Living □ Deceased
Medical Hx/ Cause of death_____
_____

Sibling □ Living □ Deceased
Medical Hx/Cause of death_____
_____

Sibling □ Living □ Deceased
Medical Hx/Cause of death_____
_____

Child □ Living □ Deceased
Medical Hx/Cause of death_____
_____

Reviewed By:
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