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

Name: _____
Date of Birth: _____
Date: _____
ALLERGIES: _____

Current Medications

_____
_____
_____
_____
_____
_____

Past Medical Hx./Medical Problems

DATE

□ High Blood Pressure _____
□ Stroke _____
□ Heart Attack _____
□ High Cholesterol _____
□ Diabetes _____
□ Cancer _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____

Hospitalizations/Surgeries

DATE

□ _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____

Pregnancy History

_____ # Pregnancies
_____ # Miscarriages
_____ # Vag Birth
_____ # C-Sections
_____ # Live Children

Family Medical History

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

Mom's Mother □ Living □ Deceased
Medical Hx/Cause of Death _____
_____

Mom's Father □ Living □ Deceased
Medical Hx/Cause of Death _____
_____

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

Dad's Mother □Living □ Deceased
Medical Hx/Cause of Death _____
_____

Dad's Father □ Living □ Deceased
Medical Hx/Cause of Death _____
_____

Sibling □ 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 _____
_____

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

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

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Prevention/Screening

	DATE
□ Bone Density Scan	_____
□ Mammogram	_____
□ Pap Smear	_____
□ Colonoscopy	_____
□ Tetanus Shot	_____
□ Pneumonia Shot	_____
□ Influenza Vaccine	_____
□ PSA	_____
□ Lipid Check	_____
□ Diabetes Screen	_____
□ EKG	_____

Work History

□ Employed _____
□ Unemployed _____
□ Retired From _____
□ Other _____

Education

□ GED
□ High School
□ Vocational Training
□ College
□ Post Graduate

Relationship Status

□ Married
□ Divorced
□ Single in a relationship
□ Single not in a relationship
□ Widowed
□ Other _____

□ Safe Relationship, no hitting, yelling etc.
□ Not Safe

Childhood Experiences which can affect Adult Health

Experience as a child or teen
□ Physical Injury by Caregiver
□ Violence between Parents
□ Inappropriate sexual contact

Exercise

□ No Exercise
□ Irregular Exercise
□ Regular Exercise How Often_____/week
Type_____

Smoking History

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

Substance Use/Abuse

ALCOHOL
□ None □ Social □ Daily
Amount/day_____Type_____
If yes to above:
□ I have felt I should cut down
□ Other people nag me about my drinking
□ I sometimes feel guilty about my drinking
□ Sometimes I need a drink first thing in the morning to steady my nerves or get rid of a hangover
DRUGS
□ Never
□ Remote Use: Amount _____Type_____IV □ Yes □ No
□ Current Use: Amount _____Type_____IV □ Yes □ No

Reviewed By:
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