ARCTIC SKYE FAMILY MEDICINE
2851 East Palmer Wasilla Highway Suite 3

Wasilla, AK 99654

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 _____
_____

ARCTIC SKYE FAMILY MEDICINE

561 S. Denali Suite E
Palmer, AK 99645

Name: _____
Date of Birth: _____
Date: _____

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_____
- □ VAPE Use _____
- □ 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
- □ Marijuana Use: □Yes □ No

Reviewed By:

- □ R. White, M.D.
- □ K. Jakiemiec, PA-C