



Sunshine Community Health Center

HC89 Box 8190 ♦ Talkeetna, Alaska 99676 ♦ Mile 4.4 Talkeetna Spur Road ♦ Telephone: (907) 733-2273 ♦ Fax: (907) 733-1735
Willow Clinic: P.O. Box 1049 ♦ Willow, Alaska 99688 ♦ 24091 Long Lake Road ♦ Telephone: (907) 495-4100 ♦ Fax: (907) 495-4106

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Parents' Names: _____ Child lives with: _____

Siblings: _____ Grade: _____ School: _____

Allergies: _____ Current Medications: None

Birth History: Premature On time Late Birth Weight: _____
Delivery Type: Vaginal C-section Breech Breast Fed: Yes No

Substances Used in pregnancy: _____ Prescription: _____
Non-prescription: _____

Did any of the following occur during pregnancy? (Please check)

- Fever Vaginal Bleeding High Blood Pressure
- Diabetes Alcohol use Tobacco Use STDs (Sexually Transmitted Diseases)

Child Health History: (Please check)

- Weakness/swelling Wheezing
- Excessively tired Asthma Exposure to toxic chemicals
- Recurrent Fever Bronchitis Excessive Hunger
- Weight loss/gain Chest pain Excessive thirst
- Acne Irregular heart beat Hormone problems
- Bruise easily Heart Murmur Chicken Pox
- Change in moles Heartburn Measles (10day)
- Scars Stomach aches Measles
- Sores not healing Persistent Vomiting Rubella
- Migraines Chronic Constipation Mumps
- Seizures Blood in stool Rheumatic Fever
- Vision problems Worms Whooping Cough
- Difficulty hearing Blood in urine Hepatitis Screening
- Ear Infections Frequent urination Hepatitis A
- Nosebleeds Painful urination Hepatitis B
- Sinus problems Bed wetting after 7yr Hepatitis C
- Cavities Chronic Pain HIV Screening
- Tonsil infections Sprains HIV Positive
- Strep throat Broken bones Nervousness
- Snoring Scoliosis Depression
- Speech Problems Coordination Issues Dramatic Mood Swings
- Breathing problem Anemia Learning difficulties
- Tobacco Exposure Cancer Physical Abuse
- Persistent cough Concern of drug use Sexual Abuse

Has anyone in the Childs Family Had: (Please check)

- Skin disease Allergies High blood pressure
- Kidney disease Sickle cell anemia Cancer
- Alcoholism Genetic Problems Lung Disease
- Seizures Sinus Problems Thyroid disease
- Stomach problems Anemia Asthma
- Drug Use Learning problems Diabetes
- Eye/Ear Problems Heart Problems Tuberculosis
- Muscle or bone disease Hemophilia Other
- Mental Illness HIV/AIDS

Previous Hospitalizations/Surgeries/Illness/Injury: _____

Developmental History (For children under the age of 3)

Please note age of your child when he/she:

Cooed _____	Walked _____	Spoon fed _____
Rolled over _____	Dressed self _____	First word _____
Sat up _____	Drank from cup _____	Toilet trained _____
Stood up _____	Finger fed _____	

Do you have firearms at home? YES NO If yes, are they locked away? YES NO
 Does your home have a working smoke detector? YES NO Carbon monoxide detector? YES NO

TV time per day: _____ Computer and/or gaming time per day: _____

Does your child always ride in an appropriate car seat for age/weight? YES NO

Are there any stresses in the home that may be of concern? : YES NO

If yes, please explain: _____