



## Anamnesis for children

Name \_\_\_\_\_  
chief complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I. Pregnancy

Number of pregnancy/birth? \_\_\_\_\_  
Mother's age? \_\_\_\_\_  
invitro fertilization? \_\_\_\_\_

problems after birth  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special loads  
(Eg physical strain, anxiety, depression, death or serious illness of a family member)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diseases  
(Infections, nausea and vomiting - such as diabetes, hypertension, kidney disease, weight gain, ischialia)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication \_\_\_\_\_  
cigarettes \_\_\_\_\_  
alcohol \_\_\_\_\_  
roentgen \_\_\_\_\_  
narcotics \_\_\_\_\_  
weaning agents \_\_\_\_\_



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### II. birth

spontaneous

Ceasarean sectio

vacuum extraction

Gestation weeeek

Weight  
length

Apgar-score

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

complications

Transmission Birth trauma Kephalthematoma Plexus paralysis Hereditary paralysis Cyanosis  
Malformations Umbilical hernia Eye inflammation Seizures adaptation problems neonatal  
icterus Perinatal infections Hydrocephalus Microcephalus Foot deformation Hip joint  
dislocation Skull deformity Vomiting Testicular height

### III. childhood development

Breast-feeding

Intolerance or vomiting  
caused by mother's milk?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no breast-feeding, what  
was the reason?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

sleep  
Day-night rhythm

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Sweating at sleep \_\_\_\_\_

Screaming and crying \_\_\_\_\_

### motorical and physical development

Turning from the back to the prone position      free sitting      crawling free      standing  
running      problems with the muscle tone      fine motor skills      dealing with game devices

Need of physical therapy?

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### teethe

First tooth, accompanied by problems such as fever, infections, diarrhea, pain?

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Non-applied tooth systems, molten teeth, crippled teeth, discolored teeth

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### IV. *disease/illness/infection*

Ear tonsils eye infections bronchitis pulmonary inflammation kidney and bladder  
infections mononucleosis herpes zoster Asthma Tuberculosis Hepatitis Scarlet  
whooping cough varicella measles 3-days-fever mumps rubella

others?

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Childhood illnesses more than once?

Illness after vaccination?

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### V. *Surgery*

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### VI. *Accidents*

Injuries such as cerebral trauma, fractures  
Permanent limitations: headaches / movement restriction or similar

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### VII. *Vaccination*

Were there any complications after one or more vaccinations?  
Are certain symptoms related to vaccinations?

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### VIII. *Diagnostics and Therapy*

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### IX. *Food and drink modalities*

appetite \_\_\_\_\_

thirst \_\_\_\_\_

desire \_\_\_\_\_

dislikes \_\_\_\_\_

Incompatibilities \_\_\_\_\_

Special eating habits, e.g. nocturnal hunger, or craving for indigestion such as lime, earth, sand, or clothes, pens, chalk

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### X. *sleep patterns*

Much or little sleep viel oder wenig Schlafbedarf \_\_\_\_\_

Nocturnal awakening - when? \_\_\_\_\_

Sleeping position \_\_\_\_\_

Restlessness, talking or laughing or crying while sleeping \_\_\_\_\_

nightmares, sleepwalking, gnashing teeth \_\_\_\_\_

Snoring, sweating, mouth open \_\_\_\_\_

dependence on moon phases \_\_\_\_\_



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### XI. Aggravation or improvement of symptoms and condition

Times, time of day, season, moon phases, periodic complaints

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### XII. Circumstances and influences

Weather, Indoor / Outdoor, Sea, Mountains

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Desire for fresh air?

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Sensitive to heat / cold

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Sensitive to light, noise, odors, touch?

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Sensitive to cramping and pressure of clothing on the neck and abdomen?

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### XIII. general constitution

Thick   thin   large or small growth   warm   cold   frozen   sweaty   dry  
red pale



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### XIV. *emotional patterns*

Uncompromising cheerful sociable shy optimist pessimist hasty fast exhaustible  
suspicious stubborn defiant angry aggressive destructive struggled  
tendency to contradiction jealous

Indifferently sad sad without any apparent reason whining

Crying in which situations?

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Which effect does crying have?

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Rare or never crying. Depressed, annoyed, disappointed, how long does an offense last?

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Sorrow or mood fluctuations?

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### XV. *Self-awareness and social behaviour*

Egoist, braggart, claims or invented things that are not real. Selfless, compliant, adapted, generous or stingy? How does the child deal with others, ability to share or compromise?

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Sensitivity to censure or criticism needy cuddle tender passionate imaginative  
compassion compassion worry about other relation to animals  
general sense of responsibility

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### XVI. *fears*

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Loneliness darkness when falling asleep illness dying future thunderstorm fire  
burglar ghosts high-altitude places failure fallen down unknown situations stranger  
animals  
others?

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### XVII. Tics – Rituals

Nail biting neurotic behaviors eye blinking grimacing  
Silly, inadequate behaviour rituals stereotypes make noises  
others?

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### Anamnesis of ancestors/medical history

Which diseases and causes of death have occurred in your family?

tuberculosis  
lung infection  
asthma  
Chronic bronchitis  
Thyroid disease  
Allergies  
Neurodermatitis  
meningitis  
epilepsy  
malaria

Syphilis  
Bone disease  
Heart failure  
Squinting  
stutter  
Ingrowth  
Death / miscarriage  
Parkinson's disease  
multiple sclerosis  
high blood pressure  
stroke  
Alzheimer  
alcoholism  
depression  
Suicide  
Autoimmune  
diseases  
Nervous diseases  
Paralysis

Gonorrhea  
Warts  
Gallstones  
Kidney stones  
gout  
rheumatism  
sterility  
Fibroids  
Premature birth  
Liver disease  
Warts

cancer  
Ebstein-barr-virus  
Herpes zoster  
diabetes  
Children's diseases  
eating disorder  
chronic inflammation

