

5.3.1.5 QM Handbuch  
Anamnesis Form for children and  
Adolescents



Dear Patients, dear Caregivers, companions of the Patients,

Please complete this questionnaire as accurately as possible so that we can provide your child with the best possible care during the planned presentation. We would like to state that answering these questions is voluntary and it is subject to medical confidentiality.

**Information about the child/adolescent:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Information about the birth:**

Place of birth: \_\_\_\_\_ Week of the Pregnancy: \_\_\_\_\_

Weight at birth: \_\_\_\_\_ g

Type of Birth: ☐ Spontaneous ☐ Pincers Forceps ☐ C-Section ☐ Other \_\_\_\_\_

Kindergarten/School/Class: \_\_\_\_\_

Information about the last Doctor/Family doctor:  
\_\_\_\_\_

Chronic pre-existing diseases conditions/Allergies/Problems:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information about the parents or the person responsible, or care giver:**

☐ Biological parents ☐ Adoptive parents ☐ Foster parents

☐ Another responsible person or care giver: \_\_\_\_\_

Lastname, name of the mother: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Learned profession: \_\_\_\_\_ Current Job: \_\_\_\_\_

Chronic diseases: \_\_\_\_\_

(For example: Asthma, Neurodermatitis, high blood pressure, Diabetes mellitus, glandular diseases, etc)

Lastname, name of the father: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Learned profession: \_\_\_\_\_ Current Job: \_\_\_\_\_

Chronic diseases: \_\_\_\_\_

(For example: Asthma, Neurodermatitis, high blood pressure, Diabetes mellitus, glandular diseases, etc)

erstellt: 05.09.2024, Katrin Fröhlich  
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## Vaccination status:

☐ Fully vaccinated

☐ unvaccinated

☐ does not know

## Details of siblings:

Name	Date of birth	Chronic diseases
1. _____		
2. _____		
3. _____		
4. _____		

## Any other diseases in the family

(For example: Asthma, Neurodermatitis, high blood pressure, Diabetes mellitus, glandular diseases, etc)

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## Contact information:

### *Address details:*

Street/house number: \_\_\_\_\_

Postcode/City: \_\_\_\_\_

### *Telefon number:*

Fixed Telefon: \_\_\_\_\_ Handy: \_\_\_\_\_

E-Mail-address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_