

Anamnesis Sample Sheet

Name:

Age/Date of Birth:

Sex:

Current Anamnesis**Current Complaints**

(e.g. pain with localisation, cause, appearance, course, accompanying symptoms, intensity, duration, soothing or worsening factors)

Personal Anamnesis**Previous Illnesses & Operations**

time of first diagnosis or OP

Allergies / Intolerances

plus course of allergic reaction

Vaccination status / Travel anamnesis:

Medications**plus nutritional supplements**

active ingredient dosis x-x-x since

Vegetative Anamnesis

Height:

Weight:

Weight History:

Thirst:

Appetite:

Nourishment:

Physical Activity:

Fever/Temperature:

Night Sweats:

Sleep:

Nausea/Vomit:

Heartburn:

Stomachache:

Cough:

Ejection:

Dyspnea:

Heart / Cycle

Resilience:

Chest Pain:

Arrhythmia:

Dizziness:

Nycturia:

Edema:

Addictive Substances

Nicotine Frequency & Quantity:

Alcohol Frequency & Quantity:

Other Drugs:

Family Anamnesis

Illnesses of parents, grandparents, siblings, etc.
maybe Cause of Death

Social History

Education / Current Occupation:

Family Situation:

e.g. living situation, marital status

Domestic Care:

maybe level of care, aid

Exceptional Stress Factors:

professional/private, physical/psychical

Patient Decree:

existence, content

Emergency Contact:

name, relationship to patient, phone number