

GP Bausch - Flößner

Patienten-**Anamnesis** (Children)

1.2.1 Anamnese

Ziel 1 (Kernziel)

1.2.1 (1) Dok2

Name of Patient:				
Name of Street:		Date of birth:		
Name of Town:				
Phone/Fax:		Name of Mother/Father:		
		1		
Please report any changes of address or phonenumber. Please hand us the booklet of vaccinations and the yellow book of the childs routine examinations				
Which schoolclass / kindergarden is your child visiting?				
Former pediatritcian:				
Are there any illnesses of relevance known from the past?				
Is there any medication taken freque	ease list:			
es No No				
		If yes, please list:		
Yes No No				
Are there allergies known? Yes □ No □		ease list:		
Tes No				
Have there have any averial treatments? If we place list				
Have there been any surgical treatments? If yes please list:				
Actual problems – intent of visit:				
Actual problems intent of viole.				
Please answer the following questions:				
Name of father:	Name of mother:	Sibling	Sibling	
Fathers employment:	Mothers employm	ent:		
Problems with vision in Childhood?	yes no	yes \square no \square	yes no	

Dateiname:

Freigegeben:

yes 🗌

1.2.1(1)Dok4_V2.17 Kinder-Anamnesebogenengl.doc

Erstellt: Geprüft:

yes 🗌 no 🔲

Chronic disorders?

no 🗌 Problems with the hips in Childhood?

Am10102016

am: am:

yes 🗌 no 🗌

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yes \square no [

yes 🗌 no 🔲

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