



Anamnesisform for teenagers

Before we start your consultation with me, I would like to ask you a few questions.

How old are you? years old

Height? cm

Weight? kg

Which vaccinations have you had up until now?

mumps/measels/rubella no yes

chicken pox no yes

diphtheria/tetanus/polio no yes

hepatitis no yes

whooping cough no yes

HPV no yes

Covid 19 no yes

FSME no yes

other vaccinations:

What do you like to do in your free time?

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Do you do any type of sports? yes, what kind?..... no

Do you enjoy meeting up with friends? yes no

Do you go to school or have you already started your further education? Where and what?

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What does your diet look like?

.....

How many hours a day do you spend online (mobile phone, gaming, social media)?

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Do you sleep well? yes no

How often do you tend to get sick? 1-2 a year more than 2x a year

How were you born? normal birth c-section forceps

Were you born premature? yes, before the 37th week of pregnancy no

Do you suffer from a certain disease?

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Do you take any medication? yes, which..... no

Have you ever had an operation? yes, which..... no

Do you have any allergies? no yes,
which.....

Have you had any contact or experience with nicotin/alcohol/other drugs?

yes, which..... no

Have you already started your period? yes, when? no

How intense is your period? very intense normal not very intense

Do you experience any pain during your period and if yes, for how long?

yes, fordays no

Have you already had sex? yes no

Have you had any experience with contraceptives (e.g. the pill)? yes no

Do you have any problems such as oily skin/acne/hairloss? No yes, since.....

Do you have any siblings and are they healthy?

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Do your parents suffer from any diseases? (e.g. diabetes, thrombosis, heart attack, cancer, stroke)

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Do you have any specific questions for me?

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Would you like to know more about contraceptives?

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If yes, what are you especially interested in?

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