

Anamnesis-Questionnaire

Dear Parents,

below you'll find a list of questions which will help us to arrange the examination and treatment of your child as good and efficient as possible. You may not be able to answer every single question, some might don't even match your child. The more you can answer the better. The questions you cannot answer you can mark with a question-sign or make your own notes at the frame so we can talk about it.

Thank you!

1 Family

we have spine-induces issues in our family yes/no who
(e.g. scoliosis, malformation, Beinlängendifferenz)

we have head-aches or neck-aches

brothers or sisters had been introduced here

2 Pregnancy

how many pregnancies ... age of mother by time of birth

duration of pregnancy ... weeks weight ... lengths ...

malposition? yes/no which?

twin/triplet yes/no

3 Birth

duration of actual birth ... min.

usage of forceps/vacuum-extractor?

Birth-injuries yes/no

cesaerian yes/no

4 Conspiciousnesses

the baby falls hardly asleep yes/no

the baby wakes up often yes/no

the baby takes a certain poture while sleeping yes/no

There are problems with breastfeeding	yes/no	
which side		left/right
the baby eats/drinks poorly	yes/no	
the baby throws up/salivates a lot	yes/no	
we have a „cry-baby“	yes/no	
the baby is very sensitive at neck/head	yes/no	
the baby tears at his/her hair	yes/no	
the baby has/had „3-month-colics“	yes/no	

5 other health-issues

our child suffers at	throat-infections	yes/no
	allergies	yes/no
	headaches	yes/no
	neurological diseases	yes/no
our child wears glasses		yes/no
our childs mouth is always open		

6 developement delays

posture and motion/movement	yes/no
speech and understanding	yes/no
concentration, social skills	yes/no

7 Asymmetry, Malposition

we noticed that immedeately after birth	yes/no
someone pointes it out to us (doctor, midwife, physiotherapist)	yes/no
we noticed following issues:	

