

# ANAMNESIS SHEET

Confidential document

## Only for the therapist

Please return the completed form  
in good time before the first appointment to:  
anamnese@hypnosepraxis-kramer.de



Date:

## Information about yourself:

**Name:** Date of birth: .....

**First name:** .....  Married  Single  Divorced

Address .....

Tel. ....

Profession learnt ..... Was this the desired training?  yes  no

Current **profession** ..... Was this the desired training?  yes  no

Are you satisfied with your current job?  yes  no

Workplace .....

**Children** (first names, year of birth) .....

.....

## Details of the family of origin (first names, year of birth, year of death)

**Mother** .....

**Father** .....

Step-parents or adoptive parents .....

other important reference persons .....

**Siblings/semi-siblings** (first names, year of birth, year of death) .....

.....  
.....

Did any of your parents, grandparents, aunts or uncles **die** in the **war** or meet a **violent death**? .....

.....

**Professional** career .....

.....  
..

What does your **job mean to you**?.....

.....

What **physical complaints do** you have?

acute .....

from earlier.....

Are you undergoing treatment for this?.....  yes  no

Form(s) of treatment .....

with whom?.....

Have you ever undergone **psychotherapy**?  yes  no

if so, why .....

from ..... to ..... at .....

Type of therapy .....

from ..... to ..... at .....

Type of therapy .....

Have you ever been in a **psychiatric** or addiction clinic?  yes  no

if so, why .....

Do you suffer from **eating disorders (e.g. anorexia, bulimia)**? .....

Do you have **psychosomatic illnesses** (e.g. stomach ulcer, neurodermatitis, etc.)?  
.....  
.....

Do you suffer from **sleep disorders**  yes  no

Difficulty **falling asleep**  yes  no Difficulty **sleeping through** the night  yes  no  
too **early awakening**  yes  no

Do you **feel worse in the morning** than during the day or in the evening?  yes  no

What **medication** are you taking? .....

How do you deal with **addictive substances** and what is your attitude towards them?  
earlier .....

Are there any known **mental health problems** in your **family**?  
(degree of relationship and type of illness)  
.....  
.....  
.....

What is the **reason** that brings you to the practice?

Your **current concern**:

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.....

Are you **anxious**, if so, about what? Do you have any **fears**? .....

.....

What do you see as the **causes of** your **current difficulties**? .....

.....

In your opinion, is there **someone who is responsible** for this? .....

.....

**What can you no longer do** in your life .....because of the difficulties?

.....

How or in **which situations do** you experience your difficulties particularly clearly?

.....

.....

Are you currently in a **relationship/partnership**  yes  no

If yes, **describe** your current **relationship/partnership**

.....

.....

Do the people closest to you know about your planned therapeutic work?  yes  no

Other currently important relationships .....

Previous relationships, number and duration.....

Have these been finalised? .....

Which previous relationship(s) is/are still important now? Why? .....

Are there recurring issues/ topics in your relationships? .....

How did your family deal .....with aggression and conflict? .....

Were there any abortions ..... If so, how many? .....

Were there any special circumstances during your own pregnancy, birth or first year of life? .....

If so, which one? .....

Describe your childhood (who did you grow up with in the early years, what was the atmosphere like, what did you love, what did you miss? .....

What were your **school days** like? .....

What **was** your **relationship with** your **parents like**?.....

How is your **relationship with** your **parents today**? .....

Describe the **nature of** your **mother** .....

Describe the **nature of** your **father** .....

Who was the **dominant person** in your family? How/why? .....

How were you **praised** in your childhood? .....

How **reprimanded**? .....

What **attention and affection** did you receive in your childhood? From whom?

.....  
.....

What was your **parents' relationship like**? .....

.....

If you have **children of your own**, describe your **relationship, feelings towards them**

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.....  
.....

**Briefly** describe your typical **daily routine** .....

.....  
.....  
.....

**Briefly** describe a typical **weekend** .....

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.....  
.....

What preferences (**hobbies**) **do** you have? .....

.....  
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Please describe your **social environment** (friends, relationships, contacts)?

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.....

How do you see your **sex life**?

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.....

What is your **financial situation**? How do you make a living?.....

.....

What is the current **housing situation**? .....

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**How often** have you **changed flats**?.....

What are your **strengths**? .....

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.....  
.....  
.....  
.....

What are your **weaknesses**.....

.....  
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.....  
.....  
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How **independent or dependent do** you feel?.....

.....



What **important events have there** been in your life? .....

.....  
.....

What do you **regret** most in your life? .....

.....  
.....

Did **someone in your family pass away during** your **childhood** or youth? .....

.....

**How old** was he and **how old** were you? .....

.....

What do you dream of? What is your **greatest longing**, wish? .....

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.....

What is your attitude towards **religion** and **spirituality**? .....

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.....

How should your life circumstances have .....**changed at the** end of the therapeutic work?

.....  
.....

Have you ever **thought** about **suicide**

yes  no

**When** last?.....

Have you ever **attempted suicide**?

yes  no

If so, **when?** .....

What were the **reasons** for this? .....

.....

How do you **finance** the therapy?

Private  Private health insurance

What **else do** you think **is important** to say?

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How did you hear about my practice?

.....

.....

Date: .....Signature: .....