

**Anamnesis - questionnaire from 24 months old**

Please fill in and bring to the appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Was there any abnormality in infancy? (Preferred head position, skull deformation, ...):

\_\_\_\_\_  
\_\_\_\_\_

When did the child begin to crawl? \_\_\_\_\_ months, to walk? \_\_\_\_\_ months.

Disease: \_\_\_\_\_

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

Orthodontic treatment braces / retainers: \_\_\_\_\_

Shoe inserts: \_\_\_\_\_

Accidents: \_\_\_\_\_ Operations: \_\_\_\_\_

Sports: \_\_\_\_\_

What abnormalities have you noticed with your child? (Sleep problems, incontinence, ...):

\_\_\_\_\_  
\_\_\_\_\_

Previous therapies (speech therapy, occupational therapy, ... Homeopathy, ...):

\_\_\_\_\_  
\_\_\_\_\_

Pre-treatments (osteopathy, physiotherapy, ...): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_