



## Anamnesis form

Private practice for psychiatry and psychotherapy  
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Specialist in Psychiatry and Psychotherapy  
Schweriner Strasse 50a  
01067 Dresden

Patient

Name:

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Date of birth:

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Address:

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Phone:

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Email:

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Family doctor / referring doctor:

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Current complaints:

What is the reason for your visit today?

Since when do the complaints exist?

How do your complaints manifest themselves (multiple answers possible)?

Fears

Despondency

Sleep disorders (sleeping/sleeping through)

Exhaustion

Concentration disorders

Irritability

Brood

Lack of motivation

Social retreat

Suicidal thoughts ( current /  earlier)

Impulsiveness

Concentration disorder

Inattentiveness

Other:

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Medical history

Current physical illnesses:

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Previous operations or hospitalizations:

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Allergies / intolerances:

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Current medications (please with dosage and time of intake):

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• Previous psychiatric/psychotherapeutic treatments:

Yes  No

If so, when and where?

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Diagnoses:

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Course of treatment:

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Addictive behavior:

- Alcohol:  never  occasionally  regularly

Quantity:

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- Nicotine:  no  yes – since \_\_\_\_\_
- Quantity/day: \_\_\_\_\_

Medications:  no  yes – Which ones?

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Other substances (e.g. cannabis, cocaine, etc.):

- no  yes Which ones?

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Social & biographical information:

Marital status:

Single  married  separated  divorced  widowed

Children:  none  yes – number and age:

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Profession / Activity:

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Currently unable to work?  yes  no  - If so, since when?

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Educational path:

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• Living situation:

Alone  with partner  with family  cared for

Biographical events:

Abnormalities in childhood / school:

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Important life events (e.g. Losses, separations, traumas):

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• Were there any mental illnesses in the family?

No

Yes  – Which ones?

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Resources and Goals:

What currently helps you in everyday life / gives you support?

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What do you want to achieve through the treatment?

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Date:

Patient's signature: