Additional questionnaire

as a supplement to the application resp. demand for an offer from: _____

(does not replace answering the health questions in the application resp. demand for an offer)

surname	policy no.
first name	date of birth

Diseases of the ears/ Hardness of hearing

Incorrect or incomplete information may entitle us - depending on fault - to withdraw from the contract, to terminate it or to adjust it, which can lead to the insurer being released from performance - even for insured events that have already occurred. Please also note the "Information of the Consequences of the Violation of the Disclosure Obligation" in the application.

We ask you not to send us any results or data of genetic examinations or analysis!
You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.

What was the medical doctor's diagnosis for the disease?

- ☐ sudden hearing loss
- ☐ tinnitus, noises in the ear
- ☐ endolymphatic hydrops (Meniere's disease)
- ☐ hole in the eardrum
- ☐ tympanic effusion
- ☐ others, which ones?
- ☐ hardness of hearing
- ☐ otitis media (middle ear Inflammation)
- ☐ acoustic neurinoma
- ☐ labyrinth disease (of the ear)
- ☐ otosclerosis
- ☐ cholesteatoma

What complaints do you have?
(e.g. ringing in the ears, rotatory vertigo, dizzy spells, pains, hearing impairments, hardness of hearing)

_____

When do or did the complaints occur?

first occurrence? _____ last occurrence? _____

How often do the complaints occur on average?

_____ per day _____ per month _____ per year

Is there a cause or underlying disease? ☐ yes ☐ no
If "yes", which ones?

_____

Is there a hole in the eardrum? ☐ yes ☐ no

Is there a hearing loss? ☐ yes ☐ no
Please enclose the results of the last hearing test!

Do you wear a hearing aid? ☐ yes ☐ no
If "yes", ☐ on one side ☐ on both sides

Hearing loss in decibels (dB)? dB right: _____
dB left: _____

Has the hearing loss become worse since the diagnosis? ☐ yes ☐ no
Please enclose the audiogram!

Do you wear a cochlear implant (electronic prosthesis to correct hearing loss)? ☐ yes ☐ no

Is there a speech disorder? ☐ yes ☐ no

If "yes", is a therapy (e.g. speech or hearing school) carried out? ☐ yes ☐ no

Type of therapy?

Tinnitus (noises in the ear):

Are the ear noises still present?

☐ yes, constantly

☐ no, since _____ not anymore

☐ yes, occasionally: how often per year? _____ per year

What examinations have been performed so far?

☐ Computer tomography (CT scan), magnetic resonance tomography when? _____ how often? _____

☐ hearing test when? _____ how often? _____

☐ others, which ones? when? _____ how often? _____

What are the findings, examination results?

Please provide us with a copy of the treatment and findings reports!

What treatment methods/therapies have been performed so far?

☐ infusions from - to? _____

☐ psychotherapy from - to? _____

☐ tinnitus-retraining therapy from - to? _____

☐ tinnitus-masker from - to? _____

☐ tinnitus-control-instrument from - to? _____

☐ medication therapy (drug therapy) from - to? _____
drug name? - dosage?

_____

☐ others, which ones?

_____

Are further diagnostic and/or therapeutic measures necessary, intended or recommended? ☐ yes ☐ no

If "yes", which ones? _____

Are you free of treatments and complaints? ☐ yes ☐ no

If "yes", since when? _____

Which doctor can provide information? (Please provide name and address.)

_____

_____

Additional comments from the applicant or interested party:

Notice: Please let us have the discharge, examination, treatment and findings reports available to you for a short time (if possible, a copy).

Declaration

The information provided on the questions has been answered correctly and completely to the best of our knowledge. I am solely responsible for the correctness of the information, even if I did not fill out the declaration myself. I have observed the information on the "Consequences of the Violation of the Disclosure Obligation" in the application.

Place/date	Signature of the applicant resp. interested party