

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)

Thyroid diseases

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?

- | | |
|---|--|
| <input type="checkbox"/> struma (goiter), thyroid enlargement | <input type="checkbox"/> goiter nodosa, nodular goiter |
| <input type="checkbox"/> hypothyroidism, underactive thyroid | <input type="checkbox"/> basedow's disease (graves' disease) |
| <input type="checkbox"/> hyperthyroidism, overactive thyroid | <input type="checkbox"/> autonomic adenoma |
| <input type="checkbox"/> hashimoto-thyroiditis, auto-immune thyroiditis | <input type="checkbox"/> autonomous thyroid |
| <input type="checkbox"/> cancer of the thyroid, thyroid carcinoma | <input type="checkbox"/> cold thyroid knot(s) |
| <input type="checkbox"/> thyroid cyst(s) | <input type="checkbox"/> hot thyroid knot(s) |
| <input type="checkbox"/> others, which ones? | |

Is there an enlargement of the thyroid gland (struma, goiter)? yes no

If "yes": Has/Is the growth of the goiter in the last few years

continued stopped declined

Are there cysts? yes no

Are there nodules/adenomas? yes no

If "yes": hot thyroid knot(s) cold thyroid knot(s)

Functional status?

overactive thyroid / hyperthyroidism underactive thyroid / hypothyroidism

normal thyroid function / euthyroidism

Is/was it a benign or malignant disease process?

benign malignant

What diagnostic measures were carried out?

blood examination scintigraphy puncture

ultrasonic examination (sonography) radio-iodine test

others, which ones?

What therapeutic measures were carried out?

puncture when? _____

surgery when? _____

radioiodine therapy when? _____

medications (drugs) from-to? _____

name of the medication? _____

others, which ones? when? _____

Is/are medications taken purely prophylactically?
(e.g. iodide for the prevention/development of
thyroid enlargement)

yes no
(Please only answer "yes" if **no** thyroid disease
is existent or has been existent.)

What complaints do you have?

- | | |
|---|--|
| <input type="checkbox"/> weight loss | <input type="checkbox"/> lack of concentration |
| <input type="checkbox"/> weight gain | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> nervousness | <input type="checkbox"/> insufficiency of the heart, heart failure |
| <input type="checkbox"/> attacks of sweating | <input type="checkbox"/> racing heart, cardiac arrhythmias |
| <input type="checkbox"/> sensitivity to cold | |
| <input type="checkbox"/> others (please describe in detail) | |
-

Are further diagnostic and/or therapeutic measures
necessary, intended or recommended?

yes no

If "yes", which ones? _____

Is there basedow's disease (graves' disease)?

yes no

Is there an endocrine orbitopathy?

yes no

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