

Additional questionnaire as a supplement to the application resp. dema	nd for an offer from:		
(does <u>not</u> replace answering the health questions			
surname	policy no.		
first name	date of birth		
	1.		
Heart, vascular and circulatory	diseases		
contract, to terminate it or to adjust it, which	title us - depending on fault - to withdraw from the h can lead to the insurer being released from perfoready occurred. Please also note the "Information of closure 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?		
☐ arterial circulatory disorders	☐ heart infarction, myocardial infarction		
heart valve defect	insufficiency of the heart, heart failure		
high blood pressure	coronary heart disease		
arrhythmias	heart muscle weakness (myocardial insufficiency)		
☐ others, which ones?			

If you have high blood pressure, please answer the questionnaire "Bluthochdruck/High blood pressure".

Is there an underlying disease or cause? If "yes", which ones?	□ yes	□ no
What complaints/symptoms have you had, or do (e.g. shortness of breath, cardiopalmus (heart pa disorders in arms or legs, cramps in the calves (o	lpitations) or heart pai	
When did the complaints first occur?		
When did the complaints last occur?		
Do you still have the complaints?	no, since	not anymore
If "yes", what complaints do you still have?	☐ yes, pern ☐ yes, occa	nanent sional: how often per year?
Welche Untersuchungen sind bisher erfolgt bzw	angeraten?	
☐ ECG (electrocardiography), ergometry	when?	how often?
☐ computer tomography (CT scan) or magnetic resonance tomography	when?	how often?
☐ cardiac catheterization	when?	how often?
☐ sonography, ultrasonic examination	when?	how often?
☐ Doppler or colour Doppler examination	when?	how often?
☐ long-term blood pressure reading	when?	how often?
☐ laboratory examinations	when?	how often?
☐ others, which ones?	when?	how often?

Findings/ examination results? Please provide us with a copy of the treatment and findings reports! When was blood pressure last recorded? systolic: diastolic: With which result (at rest)? \square yes Are the above-mentioned blood pressure values under medication? \square no What are the current laboratory results? LDL-HDL-Total cholesterol: _____ cholesterol: _____ cholesterol: _____ blood glucose (sober): Triglycerides: Please provide us the findings of the last 2 laboratory value measurements. nicotine (quantity)? alcohol (quantity)? Are you taking medication for your cardiovascular disease? \square yes \square no If "yes", name? - dosage? What treatment methods/therapies have been performed so far or are recommended? ☐ medication therapy (drug therapy) from - to? ☐ pacemaker when? ☐ operation, surgery when? ☐ spa treatment, cure from - to?

Have there already been consequential damages (e.g. vascular constriction, cardiac enlargement/ cardiomegaly, retinal damages or kidney damages)? If "yes", what consequential damages do you have?	□ yes	□ no
	onal related (• •
When were you last in treatment? Are further diagnostic and/or therapeutic measures necessary, intended or recommended? If "yes", which ones?	☐ yes	П no
Are you free of treatments and complaints? If "yes", since when?	□ yes	по
If "no", which complaints do you have?		
Which doctor can provide information? (Please provide name	e and address.)	

Additional comments from the applicant or interested party:			
Notice: Please let us have the discharge, examination to you for a short time (if possible, a copy)			
Declaration The information provided on the questions has been	n answered correctly and completely to the best of		
our knowledge. I am solely responsible for the corrected declaration myself. I have observed the informat Disclosure Obligation" in the application.	ectness of the information, even if I did not fill out		
Place/date	Signature of the applicant resp. interested party		