

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)

Heart, vascular and circulatory 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"/> arterial circulatory disorders | <input type="checkbox"/> heart infarction, myocardial infarction |
| <input type="checkbox"/> heart valve defect | <input type="checkbox"/> insufficiency of the heart, heart failure |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> coronary heart disease |
| <input type="checkbox"/> cardiac arrhythmias | <input type="checkbox"/> heart muscle weakness (myocardial insufficiency) |
| <input type="checkbox"/> others, which ones? | |

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

Is there an underlying disease or cause?

yes no

If "yes", which ones?

What complaints/symptoms have you had, or do you still have?

(e.g. shortness of breath, cardiopalmus (heart palpitations) or heart pain, racing heart, chest pain, feeling disorders in arms or legs, cramps in the calves (charley horse), dizziness)

When did the complaints first occur?

When did the complaints last occur?

Do you still have the complaints?

no, since _____ not anymore

yes, permanent

yes, occasional: how often per year? _____

If "yes", what complaints do you still have?

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? _____

Have there already been consequential damages
(e.g. vascular constriction, cardiac enlargement/
cardiomegaly, retinal damages or kidney damages)?

yes no

If “yes”, what consequential damages do you have?

To be answered only in case of “**high blood pressure**”: What form of hypertension is it?

- | | |
|--|--|
| <input type="checkbox"/> kidney related (renal) | <input type="checkbox"/> hormonal related (endocrine) |
| <input type="checkbox"/> aortic isthmus stenosis
(coarctation of the aorta) | <input type="checkbox"/> without known cause (essential) |
| <input type="checkbox"/> other cause, which ones? | |
-

When were you last in treatment?

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?

If “no”, which complaints do you have?

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