

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)

Stomach 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"/> gastritis | <input type="checkbox"/> acute | <input type="checkbox"/> chronic | <input type="checkbox"/> reflux disease |
| <input type="checkbox"/> irritable stomach | | | <input type="checkbox"/> gastric diverticulum |
| <input type="checkbox"/> gastric polyp | | | <input type="checkbox"/> gastric tumor |
| <input type="checkbox"/> others, which ones? | | | |

What complaints have you had, or do you have?

- | | |
|--|---|
| <input type="checkbox"/> loss of appetite | <input type="checkbox"/> weight change |
| <input type="checkbox"/> flatulence | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> bloody stool | <input type="checkbox"/> constipation |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> feeling of fullness and pressure |
| <input type="checkbox"/> vomiting, nausea | <input type="checkbox"/> abdominal pain/stomach ache |
| <input type="checkbox"/> others, which ones? | |
-

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 an underlying disease or cause?

yes no

If "yes", which ones?

Is or was it a benign or malignant disease?

benign malignant

What examinations have been performed so far or are recommended?

- | | |
|---|-------------|
| <input type="checkbox"/> gastroscopy, colonoscopy | when? _____ |
| <input type="checkbox"/> urease breath-test (helicobacter pylori) | when? _____ |
| <input type="checkbox"/> X-ray examination | when? _____ |
| <input type="checkbox"/> ultrasonic examination | when? _____ |
| <input type="checkbox"/> others, which ones? | when? _____ |
-

Findings, examination results?

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

What treatment methods/therapies have been performed so far or are recommended?

- medication therapy (drug therapy),
name? - dosage? from - to? _____
-
- diet from - to? _____
- operation, surgery when? _____
- psychotherapy from - to? _____
- others, which ones? from - to? _____
-

Has a reflux esophagitis been diagnosed?

yes no

If "yes", do you know the grade/
stage of reflux esophagitis?

yes no

If "yes", what is the grade/stage?

grade I grade II
 grade III grade IV

Has a diaphragmatic hernia been diagnosed?

yes no

If "yes", what is the finding?

axial diaphragmatic hernia
 paraoesophageal hernia

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.)

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