

## 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)

## Varicose veins/ vein 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?  
(e.g. varicose veins, spider veins, thrombophlebitis)

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Where does the disease occur (please state the exact region of the body)?  
(e.g. left leg, whole leg, lower leg on both sides, testicles, oesophagus)

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Since when you suffer from varicose veins or vein diseases?

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Do you wear compression stockings or bandages?  yes  no

What treatments/examinations have been or are being carried out?

medication therapy (drug therapy),  
name? - dosage? from - to? \_\_\_\_\_

vein stripping from - to? \_\_\_\_\_

sclerotherapy from - to? \_\_\_\_\_

compression stockings from - to? \_\_\_\_\_

operation, surgery from - to? \_\_\_\_\_

Do you still have complaints today?  yes  no

If "yes", which ones?

\_\_\_\_\_

Did you have one of the following diseases?

thrombosis

chronic venous insufficiency

embolisms

ulceration (varicose ulcer, leg ulceration)

vein inflammations (phlebitis)

If "yes", when?

\_\_\_\_\_

When was your last 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?

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If “no”, which complaints do you have?

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

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Additional comments from the applicant or interested party:

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**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