

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)

Knee 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"/> meniscus rupture | <input type="checkbox"/> cruciate ligament rupture: |
| <input type="checkbox"/> inner ligament rupture | <input type="checkbox"/> anterior cruciate ligament |
| <input type="checkbox"/> outer ligament rupture (lateral ligament) | <input type="checkbox"/> posterior cruciate ligament |
| <input type="checkbox"/> gonarthrosis | <input type="checkbox"/> anterior and posterior cruciate ligaments |
| <input type="checkbox"/> patellar tip syndrome | <input type="checkbox"/> runners' knee |
| <input type="checkbox"/> cartilage damage/chondropathia patellae: | <input type="checkbox"/> osteochondrosis dissecans: |
| <input type="checkbox"/> grade I | <input type="checkbox"/> stage I |
| <input type="checkbox"/> grade II | <input type="checkbox"/> stage II |
| <input type="checkbox"/> grade III | <input type="checkbox"/> stage III |
| <input type="checkbox"/> grade IV | <input type="checkbox"/> stage IV |
| <input type="checkbox"/> others: | <input type="checkbox"/> others: |

☐ others, which ones? _____

At which knee joints did the complaints occur?

☐ right ☐ left ☐ both sides

What were the underlying causes of the complaints?

- ☐ injury
☐ degenerative changes (wear and tear, arthrosis)
☐ overload
☐ rheumatic disease, which one?

☐ malposition of a joint, which one?

☐ others, which ones?

What examinations have been performed so far or are recommended?

- | | | |
|--|-------------|------------------|
| <input type="checkbox"/> joint endoscopy (arthroscopy) | when? _____ | how often? _____ |
| <input type="checkbox"/> radiographic (X-ray) | when? _____ | how often? _____ |
| <input type="checkbox"/> computer tomography (CT scan),
magnetic resonance tomography | when? _____ | how often? _____ |
| <input type="checkbox"/> sonography | when? _____ | how often? _____ |
| <input type="checkbox"/> others, which ones? | when? _____ | how often? _____ |
-

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?

<input type="checkbox"/> medication therapy (drug therapy), name? - dosage?	from - to? _____
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<input type="checkbox"/> remedial gymnastics	from - to? _____
<input type="checkbox"/> physiotherapy	from - to? _____
<input type="checkbox"/> heat treatment, radiotherapy	from - to? _____
<input type="checkbox"/> bandage (dressing), splint, plaster	from - to? _____
<input type="checkbox"/> others, which ones?	from - to? _____
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Has a surgical therapy been performed?

☐ yes ☐ no

If "yes", which ones?

To be filled in only for meniscus injuries/meniscus damages:

- ☐ meniscus suture
- ☐ partial meniscus removal
- ☐ meniscus removal
- ☐ meniscus implants
- ☐ others, which ones?

Is the knee fully loadable?

☐ yes ☐ no

Are there any lasting consequences or symptoms of the disease (e.g. limited mobility, pain, force reduction, instabilities or swellings of the knee joints, cartilage damage, arthrosis/joint wear, reinforcement of the knee joint)?

☐ yes ☐ no

If "yes", which ones?

Do you practice activities that put strain on the knee joint (e.g. kneeling or squatting, frequent climbing stairs or working on uneven ground)?

☐ yes ☐ no

If “yes”, which ones?

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