

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)

surname

policy no.

first name

date of birth

Joint 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?

At which joints did the complaints occur?

☐ arms

☐ legs

☐ elbow

☐ hip

☐ knee *

☐ others, which ones?

☐ hands

☐ feet

☐ shoulder

☐ jaw

☐ spinal column, spine **

* If you have Knee diseases, please answer the questionnaire "Knieerkrankung/Knee diseases".

** If you have spinal diseases, please answer the questionnaire "Wirbelsäulenerkrankung/Spine diseases".

What is the underlying disease or cause of the complaints?

☐ degenerative changes, which ones?

☐ joint malpositions, which ones?

☐ injuries, which ones?

☐ rheumatic diseases, which ones?

☐ congenital malformations, which ones?

☐ others, which ones?

What symptoms/complaints do you have?

(e.g. movement disorders, joint pain, joint swelling, nerve pain/neuralgia, inflammations)

When did the complaints first occur?

When did the complaints last occur?

How often did the complaints occur and
for how long?

Is there a shortening of the leg?

☐ yes ☐ no

If “yes”, by how many cm?

How is this compensated (e.g. insoles, heel increase, orthopedic shoes)?

What examinations have been performed so far or are recommended?

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

- ☐ medication therapy (drug therapy), name? - dosage?
-

- ☐ physical therapy

- | | |
|-------------------------------------------------------------|------------------|
| <input type="checkbox"/> remedial gymnastics, physiotherapy | from - to? _____ |
| <input type="checkbox"/> massages | from - to? _____ |
| <input type="checkbox"/> chiropractic therapy | from - to? _____ |
| <input type="checkbox"/> electrotherapy | from - to? _____ |
| <input type="checkbox"/> hydrotherapy | from - to? _____ |
| <input type="checkbox"/> occupational therapy, ergotherapy | from - to? _____ |
| <input type="checkbox"/> others, which ones? | from - to? _____ |
-

- ☐ curing, spa treatment
- from - to? _____

- ☐ orthopedic technical measures

- | | |
|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> insoles | <input type="checkbox"/> heel increase |
| <input type="checkbox"/> sole increase | <input type="checkbox"/> orthopedic shoes |
| <input type="checkbox"/> orthoses, prostheses | <input type="checkbox"/> supporting bodice, corset |
| <input type="checkbox"/> others, which ones? | |
-

- ☐ surgical therapy, which one?
-

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