

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

Intestinal 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"/> irritable bowel | <input type="checkbox"/> intestinal abscess, Intestinal fistula |
| <input type="checkbox"/> intestinal diverticulosis | <input type="checkbox"/> intestinal diverticulitis |
| <input type="checkbox"/> intestinal polyp | <input type="checkbox"/> intestinal tumor |
| <input type="checkbox"/> ulcerative colitis | <input type="checkbox"/> Crohn's disease |
| <input type="checkbox"/> hemorrhoids | <input type="checkbox"/> anal skin tags |
| <input type="checkbox"/> perianal thrombosis | |
| <input type="checkbox"/> others, which ones? | |

What complaints have you had, or do you have?

- ☐ loss of appetite
- ☐ flatulence
- ☐ bloody stool
- ☐ diarrhea
- ☐ vomiting, nausea
- ☐ others, which ones?

- ☐ weight change
- ☐ heartburn
- ☐ constipation
- ☐ feeling of fullness and pressure
- ☐ abdominal pain/stomach ache

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?

- ☐ gastroscopy, colonoscopy when? _____
- ☐ urease breath-test (helicobacter pylori) when? _____
- ☐ X-ray examination when? _____
- ☐ ultrasonic examination when? _____
- ☐ others, which ones? when? _____

-
- ☐ laparoscopy
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? _____
- ☐ surgical therapy, which one? when? _____
-
- ☐ psychotherapy from - to? _____
- ☐ others, which ones? from - to? _____

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