

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

Pancreatic 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"/> pancreatic tumor | <input type="checkbox"/> pancreatic cyst |
| <input type="checkbox"/> diabetes mellitus | <input type="checkbox"/> mucoviscidosis, cystic fibrosis |
| <input type="checkbox"/> pancreatitis | |
| <input type="checkbox"/> acute <input type="checkbox"/> chronic <input type="checkbox"/> recurrent | |
| <input type="checkbox"/> others, which ones? | |

What complaints have you had, or do you have?

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

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

What is the cause of the disease?

- | | |
|--|---|
| <input type="checkbox"/> stress | <input type="checkbox"/> stimulants (coffee, alcohol, cigarettes) |
| <input type="checkbox"/> nutrition | <input type="checkbox"/> viral infection |
| <input type="checkbox"/> nervousness | <input type="checkbox"/> medications (drugs) |
| <input type="checkbox"/> others, 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"/> laboratory examinations | 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? _____

☐ others, which ones?

from - to? _____

When was your last treatment?

when/last? _____

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.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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
