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

Diseases of male genital organs

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?

- ☐ prostate hyperplasia
- ☐ prostate tumor
- ☐ epididymis inflammation, epididymitis
- ☐ testicular torsion
- ☐ hydrocele
- ☐ undescended testicles, cryptorchidism
- ☐ foreskin hypertrophy
- ☐ penile tumor
- ☐ others, which ones?

_____

- ☐ prostate inflammation, prostatitis
- ☐ testicular inflammation, orchitis
- ☐ epididymal tumor
- ☐ testicular tumor
- ☐ spermatocele
- ☐ foreskin inflammation, balanitis
- ☐ foreskin narrowing, phimosis
- ☐ sterility

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 complaints have you had, or do you have?

_____

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

How often did the disease occur?

☐ one-time from: _____ to: _____

☐ repeatedly from: _____ to: _____ when/last: _____

☐ continuously from: _____ to: _____

What is the course of the disease? ☐ acute ☐ chronic

What examinations have been performed so far or are recommended?

☐ ultrasonic examination (sonography) when? _____

☐ X-ray examination when? _____

☐ laboratory examination when? _____

☐ 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? _____

_____

☐ operation/surgical, which one? when? _____

_____

☐ others, which ones? from - to? _____

_____

Are there any secondary diseases? ☐ yes ☐ no

If "yes", which ones?

_____

Are control examinations still necessary? ☐ yes ☐ no

If "yes", how often? _____ per year

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.)

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