

### Medical examination

The costs are paid by the person to be treated or his/her legal representative.

Name of Customer:

Policy n°:

Application/Request of offer of:

The data of the person to be examined

Name:

First name:  dob:

Street:

Postal code/place:

Identified/official valid card:  n°:

Issued by/place, date:

**Please do not make enquiries/examine, if you are a relative or related by marriage!**

Each question is to be asked by the doctor and is to be answered by the person to be examined or his/her legal representative.

**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.**

Remark for the doctor:

It is up to you to send the examination finding directly to Hallesche.

This form has been handed to the person to be examined by:  
(please state SC/VD/agent n°/stamp of agent)

Hallesche  
Krankenversicherung  
auf Gegenseitigkeit

Date:

## Examination findings

**This form must not be filled in by spouses, parents or children of the person to be examined.**

Do you know the person to be examined?  yes  no day of examination: \_\_\_\_\_ height (cm)/weight (kg): \_\_\_\_\_

nicotine (amount): \_\_\_\_\_ alcohol (amount): \_\_\_\_\_ medicaments (which?): \_\_\_\_\_

Does the person have any complaints?  no  yes, which? \_\_\_\_\_

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### Findings of the medical examination

- |       |  |                             |  |
|-------|--|-----------------------------|--|
| 1.    | Are there any disorders of the spine?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any disorders of the joints?   | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any disorders of the musculature?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any disorders of the extremities?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any findings on the musculoskeletal system?                                | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are complaints of the musculoskeletal system reported?                               | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
| <hr/> |  |                             |  |
| 2.    | Are there any disorders of the skin or mucous membranes?                             | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
| <hr/> |  |                             |  |
| 3.    | Are there any disorders of the head, the sensory organs or the ENT area?             | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
| <hr/> |  |                             |  |
| 4.    | Are there any neurological and psychological disorders?                              | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there abnormal reflexes?   | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there abnormal muscle reflexes?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any mental or neurological abnormalities?                                  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
| <hr/> |  |                             |  |
| 5.    | Are there any disorders of the hormonal system?                                      | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any disorders of the thyroid?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Is there a thyroid enlargement?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Is there a hypofunction or hyperfunction of the thyroid gland?                       | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Is thyroid therapy required?   | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
| <hr/> |  |                             |  |
| 6.    | Are there any disorders of the heart and blood vessels?                              | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any cardiac arrhythmias?   | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any heart noises?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any abnormal heart sounds?   | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any arterial DBS?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any signs of insufficiency or decompensation (dyspnoea, cyanosis, oedema)? | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | RR (at rest):  |                             | RR (on exertion):                              |
|       | pulse (at rest):   |                             | pulse (on exertion):                           |
| <hr/> |  |                             |  |
| 7.    | Are there any disorders of the thoracic organs?                                      | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any findings on the lung?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any findings on the mammae?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any other disorders of the thoracic organs?                                | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
| <hr/> |  |                             |  |
| 8.    | Are there any disorders of the digestive system?                                     | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any findings on the liver?   | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any findings on the spleen?  | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
|       | Are there any abdominal findings (such as hernias, pressure pain)?                   | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
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9.	Are there any kidney and urinary disorders?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any disorders of the sexual organs?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any findings on the prostate?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any kidney findings?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
10.	Current laboratory examination (please attach a copy of the laboratory results including the reference ranges.) Lab (on an empty stomach): AST (SGOT), ALT (SGPT), Gamma GT, creatinine, uric acid, blood sugar, cholesterol, HDL-cholesterol, LDL-cholesterol, triglyceride, CRP, blood count <b>For children under the age of 8, the laboratory values must be reported only if known from previous investigations.</b> BSG/ESR:		
	urine (test strips): protein:	sugar:	blood:
	If there are pathological values?	<input type="checkbox"/> no	<input type="checkbox"/> yes, reason, therapy, prognosis?
	If an HIV-test has been carried through: has an HIV-infection been proved?	<input type="checkbox"/> no	<input type="checkbox"/> yes
11.	Are there any allergies? Allergy test findings:	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
12.	Are there any haemorrhoids, fistulae, varicoses, small varicose dilatations of the cutaneous veins or ulcers of the leg?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
13.a	Have there been any treatments as a result of these findings?	<input type="checkbox"/> no	<input type="checkbox"/> if so, which, when, how often?
13.b	Do you think that further examinations or treatments become necessary?	<input type="checkbox"/> no	<input type="checkbox"/> if so, because of?
	therapy:		
13.c	Which findings have you passed on to the patient?		

place, date

stamp, signature of the doctor