

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)

Gynecological 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"/> conspicuous smear | <input type="checkbox"/> uterine cancer, uterine cervical carcinoma |
| <input type="checkbox"/> menstrual disorders | <input type="checkbox"/> HPV infection |
| <input type="checkbox"/> breast node | <input type="checkbox"/> mastopathy |
| <input type="checkbox"/> breast cancer | <input type="checkbox"/> myomas |
| <input type="checkbox"/> breast cyst(s) | <input type="checkbox"/> menstrual complaints |
| <input type="checkbox"/> cervix uteri dysplasia | <input type="checkbox"/> PAP III to PAP V (Papanicolaou smear) |
| <input type="checkbox"/> ovarian cyst(s) | <input type="checkbox"/> PCO syndrome (polycystic ovaries) |
| <input type="checkbox"/> endometriosis | <input type="checkbox"/> abdominal cancer |
| <input type="checkbox"/> genital warts | <input type="checkbox"/> menstrual cycle disorders |
| <input type="checkbox"/> others, which ones? | |

Was a hospital treatment necessary?

yes no

If "yes", from - to? _____

Please give us a copy of the discharge report!

Have you had a surgery?

yes no

If "yes", what surgery? _____

Have you had a uterus removal (hysterectomy) and/or ovary removal (ovariectomy)?

yes no

If "yes", when? _____

uterus removal (hysterectomy)

Reason/cause for the removal:

cysts

ovary removal (ovariectomy)

myomas

one side both sides

adhesions

endometriosis

other, which ones? _____

Classification?

benign

malignant

Treatment/ therapy:

chemotherapy

cytostatic therapy

radiotherapy, ray therapy

medications (drugs) name and dosage? _____

others, which ones? _____

Is a hormone therapy necessary?

yes

no

Is further therapy (e.g. osteoporosis prophylaxis) or are further examinations or controls necessary?

yes

no

If "yes", what is necessary? _____

Time intervals of the control examinations? _____ per year

When was the last cancer screening? _____

With what findings? PAP I to PAP II PAP III PAP IV PAP V

Is there an HPV infection? yes no

Did you have miscarriages? yes no
If "yes", how often? one two three more than three
When?

Is there sterility/infertility present? yes no

If "yes", is there a desire to have children? yes no

Has a fertility treatment already been carried out? yes no

Is/are ovarian cyst(s) present? yes no

Has/have these regressed? yes no

Was there a puncture? yes no

Did you have a surgery? yes no

Are there inflammations, cysts or hardening of the breast? yes no

If "yes", what kind of changes are these?

Has a mammography been performed? yes no

If "yes", with which result?

Please provide us with a copy of the treatment and findings reports!

Was an ultrasonic examination (sonography) performed? yes no

breast uterus (womb), ovaries

If "yes", with which result?

Please provide us with a copy of the treatment and findings reports!

When was your last treatment? _____

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