

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)

Spine 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"/> intervertebral disc prolapse | <input type="checkbox"/> Bechterew's disease |
| <input type="checkbox"/> intervertebral disc protrusion | <input type="checkbox"/> Scheuermann's disease |
| <input type="checkbox"/> spinal column degeneration (e. g. arthrosis) | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> spinal curvature (e.g. scoliosis) | <input type="checkbox"/> spine malposition |
| <input type="checkbox"/> vertebral body slipping | <input type="checkbox"/> tensions, myalgia |
| <input type="checkbox"/> sciatica | <input type="checkbox"/> low back pain |
| <input type="checkbox"/> spine syndrome | |
| <input type="checkbox"/> cervical spine <input type="checkbox"/> thoracic spine | |
| <input type="checkbox"/> lumbar spine | |
| <input type="checkbox"/> others, which ones? | |
-

Is there an underlying disease or cause? yes no

If "yes", which ones?

Is it a rheumatic disease? yes no

If "yes", which ones?

What symptoms/complaints do you have?
(e.g. movement disorders, joint pain, joint swelling, nerve pain/neuralgia, inflammations)

When did the complaints first occur?

When did the complaints last occur?

How often did the complaints occur
and for how long?

Is there a shortening of the leg? yes no

If "yes", by how many cm?

How is this compensated (e.g. insoles, heel increase, orthopedic shoes)?

What examinations have been performed so far or are recommended?

- | | | |
|--|-------------|------------------|
| <input type="checkbox"/> ultrasonic examination (sonography) | when? _____ | how often? _____ |
| <input type="checkbox"/> X-ray examination | when? _____ | how often? _____ |
| <input type="checkbox"/> computer tomography (CT scan),
magnetic resonance tomography | when? _____ | how often? _____ |
| <input type="checkbox"/> scintigraphy | when? _____ | how often? _____ |
| <input type="checkbox"/> others, which ones? | when? _____ | how often? _____ |
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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?

physical therapy

remedial gymnastics, physiotherapy from - to? _____

massages from - to? _____

chiropractic therapy from - to? _____

electrotherapy from - to? _____

hydrotherapy from - to? _____

occupational therapy, ergotherapy from - to? _____

others, which ones? from - to? _____

curing, spa treatment from - to? _____

orthopedic technical measures

insoles heel increase

sole increase orthopedic shoes

orthoses, prostheses supporting bodice, corset

others, which ones?

surgical therapy, which one? when?

Are further diagnostic and/or therapeutic measures necessary, intended or recommended? yes no

If "yes", which ones?

