

Medical examination

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

Surname, First name of Customer:

Policy n°:

Application/Request of offer of:

The data of the person to be examined

Surname:

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? _____

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? |
| 2. | Are there any disorders of the skin or mucous membranes? | <input type="checkbox"/> no | <input type="checkbox"/> If so, what findings? |
| 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? |
| 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? |
| 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? |
| 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): |
| 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? |
| 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? |

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 For children under the age of 8, the laboratory values must be reported only if known from previous investigations. 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