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

Skin 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?

- ☐ acne
- ☐ acne conglobata
- ☐ acne inversa
- ☐ atopic eczema, endogenous eczema
- ☐ basalioma
- ☐ dermatitis
- ☐ eczema
- ☐ fungal skin disease (mycosis)
- ☐ contact eczema
- ☐ melanoma
- ☐ moles (birthmarks), liver spots
- ☐ nail fungus, onychomycosis
- ☐ hives, urticaria
- ☐ neurodermatitis
- ☐ psoriasis
- ☐ arthropathic psoriasis
- ☐ rosacea
- ☐ warts
- ☐ other, which ones

_____

Which parts of the body are or were affected?

☐ whole body (generalized)
☐ arms
☐ legs
☐ elbow
☐ fingernails
☐ toenails
☐ knee joints
☐ head
☐ torso
☐ other parts of the body, which ones?

_____

When do or did the complaints occur?

first occurrence? _____ last occurrence? _____

☐ year-round
☐ seasonal

from? _____ to? _____

from? _____ to? _____

☐ irregular

how often? _____ per year duration? _____

☐ intermittent

how often? _____ per year duration? _____

Are you now completely free of complaints?

☐ yes ☐ no,

the following complaints still exist: _____

How large are/were the affected skin areas?

☐ size of a two-euro coin
☐ size of a palm
☐ large areas all over the body
☐ other size indication: _____ cm

Which complaints exist or existed?

☐ blister- and knot formation
☐ pus formation, suppuration
☐ inflammations of the skin
☐ skin rash
☐ skin itching
☐ pustules (purulent, watery)
☐ dry scaly skin parts
☐ swellings
☐ growths, proliferations
☐ others, which ones?

_____

Is there or has there been (internal) joint involvement (e.g. arthropathic psoriasis)? ☐ yes ☐ no

Treatment method/ therapy:

☐ medications (drugs)
☐ irradiations
☐ operation, surgery
☐ spa treatment, cure
☐ other therapy, which ones?
☐ ointments
☐ washing lotions, baths
☐ light therapy
☐ no therapy

_____

Exact name of the medicaments, ointments and its dosage?

☐ tablets/pills name: _____

dosage: ☐ daily (_____ per day) ☐ weekly (_____ per month)

☐ approx. _____ per year ☐ year-round ☐ seasonal

☐ ointments name: _____

dosage: ☐ daily (_____ per day) ☐ weekly (_____ per month)

☐ approx. _____ per year ☐ year-round ☐ seasonal

☐ others, which ones? name: _____

dosage: ☐ daily (_____ per day) ☐ weekly (_____ per month)

☐ approx. _____ per year ☐ year-round ☐ seasonal

Has an allergy test been done? ☐ yes ☐ no

If “yes”, findings? _____

Has an allergy pass been handed out? ☐ yes ☐ no

If “yes”, please attach a copy or transmit the existing allergies!

_____

Is there a cause, underlying disease? ☐ yes ☐ no

If “yes”, which ones? _____

Classification? ☐ benign ☐ malignant

Please provide us with a copy of the findings reports!

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