

Health statements and questions concerning the state of health

Gesundheitsfragen in Englisch zur Unterstützung für die Beantragung einer Heilkostenvollversicherung

Allianz Private Krankenversicherungs-Aktiengesellschaft

► Questions concerning the general state of health

Effecting a private health insurance requires what is known as a risk analysis. **Our specialist departments will analyse the data.** Please also mention illnesses or complaints that you do not regard as important or that you consider not to be an illness.

Height/Weight (Persons over the age of 10)

1. Have you been advised by a doctor, non-medical practitioner or other therapist to undergo any **outpatient** or **inpatient operation, treatment, examination or consultation** or is such an operation, treatment, examination or consultation **intended** or **planned** (e.g. allergen immunotherapy, removal of gall bladder)?
2. Have you **been advised** by a doctor, non-medical practitioner or other therapist to undergo **medical examinations** (not general health checks) or **follow-up examinations** or are you awaiting the **results of such examinations** (e.g. blood sugar test, tumour follow-up)?
3. Have you **regularly** or **repeatedly** taken or applied medication (e.g. tablets, drops, injections, ointments) in the last **3 years** or was medication recommended by a medical practitioner?
4. Have you in the last **3 years** been **treated, advised** or **examined by a medical practitioner, non-medical practitioner** or other **therapist** in the following areas, or is such treatment, advice or examination currently ongoing? Have you in the last **3 years** suffered **illnesses, consequences of accident** or other **complaints** in the following areas or are such illnesses (even if you were not treated for this), consequences of accident or other complaints currently ongoing?
 - a) **heart and circulation** (e.g. heart defects, palpitations, angina pectoris, high blood pressure)?
 - b) **blood vessels** (e.g. haemorrhoids, varicose veins, circulatory disturbances)?
 - c) **respiratory organs** (e.g. deviated nasal septum, asthma, bronchitis, pneumonia, lung cancer)?
 - d) **digestive organs** (e.g. heartburn, gallstones, fatty liver, inflammation of the stomach/intestines, cancer of the intestine)?
 - e) **urinary organs** (e.g. cysts, kidney stones, inflammation of the bladder/pelvis)?
 - f) **sterility or fertility disorders** (e.g. limited fertility, hormone treatment, artificial insemination)?
 - g) **metabolism** (e.g. diabetes, raised levels of blood fats or uric acid, struma with/without nodes cold or hot)?
 - h) **blood** (e.g. blood clotting disorder, tendency to thrombosis, anaemia, leukaemia)?
 - i) **inflammatory disease of the joints or connective tissue** (e.g. arthritis, morbus Bechterew, rheumatism)?
 - j) **infectious diseases, venereal diseases, tropical diseases** (e.g. hepatitis, borreliosis, shingles)?
 - k) **brain or nervous system** (e.g. epilepsy, concussion, headache/migraine, neuritis)?
 - l) **sexual organs** (e.g. myomas, cysts, breast cancer, testicular cancer)?
 - m) **back** (e.g. slipped disc, repeated tenseness, spinal syndrome, scoliosis)?
 - n) **knee joints, hip joints, shoulders or skeleton** (e.g. arthrosis, damage to cartilage/meniscus/ligaments, torn muscles/tendons)?
 - o) **allergies** (e.g. hay fever, contact allergy, food allergy)?
 - p) **skin** (e.g. eczema, neurodermatitis, psoriasis, skin cancer)?
 - q) **eyes** (e.g. inflammation, cataract/glaucoma)?
 - r) **ears** (e.g. inflammation of the middle ear, hardness of hearing, tinnitus, hearing loss)?
 - s) **other non-listed areas** (e.g. anomalies, missing organs/limbs, foreign objects left after surgery, hernia, fistula, malignant/benign tumours)?

5. Have you in the last **5 years** been operated upon in a **hospital, sanatorium or rest-cure establishment**, or on an **outpatient** basis?
6. Are you being **treated, undergoing consultation or examination for psychological problems/illnesses** (e.g. psychotherapy, depression, separation problems, attention-deficit syndrome) or **addiction-related illnesses** (e.g. through alcohol, drugs), or have you in the last **5 years undergone such treatment, consultation or examination?**
7. **Up to 6 years and only** for PZTB03, PZTA03, PZTE03 and/or OFM02: Is there or was there a treatment- or control-requiring **developmental delay/developmental disorder** and/or **malformation** in the last 6 months (also a **suspicion**)?
8. Only for PZTB03, PZTA03, PZTE03 and/or OFM02: Are you an expectant mother or father or do you intend to adopt?
9. **Only for OFM02:** Do you wear visual aids (glasses, contact lenses) or is one recommended?
In case of existing/advised visual aids: surcharge in outpatient supplementary insurance as of option exercise (e.g. currently 6 EUR surcharge in tariff AmbulantBest)
10. Have you been diagnosed with an **HIV infection**, has an HIV test been advised by a medical practitioner, or are you awaiting the results of such a test?
11. Are you registered as having **reduced earning capacity**, as being **severely disabled** or as **requiring nursing care**, or has such registration been applied for?
(Please submit assessment)

► Questions about the state of your teeth

1. Are you currently undergoing dental or orthodontic treatment (incl. check-ups after measures have been carried out and follow-ups) or is such treatment advised or intended (e.g. also because of malfunction of the chewing system, splints for teeth grinding, parodontosis or jaw malpositions)?
If "yes", please give details below of your dentist or orthodontic specialist.
2. From the age of fourteen: Do you have any teeth missing that have not yet been replaced (not wisdom teeth or gap closures)?
If "yes", and more than 3 teeth missing, please submit dentition diagram.
If "yes", how many?
3. From the age of fourteen: Do you have more than 9 replaced or crowned teeth (including implants, crowns, bridges incl. anchor crowns, ceramic onlays, removable partial dentures, and telescope crowns with prosthesis)?
If "yes", and more than 15 replaced or crowned teeth, please give details below of your dentist or orthodontic specialist.
If "yes", how many replaced or crowned teeth – excluding teeth replaced by full dentures?