

**Questionnaire 1** (to be completed by the insured person)

First and last name of the insured person:

Social security number:

First and last name of relative:

Social security number or date of birth:

Telephone number (for possible questions)

Please tick the relevant box

1. How long have you had the complaint? .....

2. What school education does your child have?

Type	from - to	Grade
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

3. What (temporary) job did your child have until now?

Type	from - to
.....	.....
.....	.....

4. Does your child currently have a job?  Yes  No  
 Since when? .....

5. Do you receive an increased family allowance for your child?  Yes  No  
 If so, please send us a copy of the family allowance confirmation.

6. Does your child receive a pension?  Yes  No  
 Monthly amount EUR .....  
 From which department? .....

7. Does your child receive any other income?  Yes  No  
 Monthly amount EUR .....

.....  
 Date and signature

**Questionnaire 2** (to be completed by the treating doctor)

**Medical examination results**

Patient (first and last name):

Social security number or date of birth:

Please tick the relevant box

**1. Medical history:**

- a) Diseases overcome:
  
- b) When the symptoms of the current condition began:
  
- c) Development of the current condition:
  
- d) Treatment and treatment success:

**2. Results:**

- a) Somatic, with special consideration of the existing defects and their performance-reducing effects:
  
- b) Psychological, with special consideration for the mental performance:

3. Diagnosis:

4. Is the present condition to be regarded as permanent or temporary?

5. Does condition require treatment?  Yes  No  
(medical treatment, institutional care, therapeutic aids)

6. Is the patient fit to do a job?  Yes  No  
Which? .....

7. Is the ability to work restricted entirely or in part, permanently or temporarily?  
(please tick where applicable)

8. Is being able to work again a realistic expectation after appropriate retraining or treatment?  Yes  No

.....  
Date, stamp and signature

Telephone number (for possible questions)