SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may spread the disease to the dentist, dental staff, or other patients in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission:

Have you tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

Yes_______ No_______

If yes, when? Date_________________

- Are you currently being tested for Covid 19 and awaiting results?

  Yes_______ No_______

- Have you been in contact with someone who has tested positive for Covid19?

  Yes_______ No_______

Do you or anyone you reside with have/or had within the last 14 days:

  • A Fever (defined as above 100.4 degrees) Yes_______ No_______

    Current Temp ____________

  • A Cough? Yes_______ No_______

  • Shortness of Breath and/or Trouble Breathing? Yes_______ No_______

  • Persistent Pain, Pressure, or Tightness in the Chest? Yes_______ No_______

  • Loss of taste or smell? Yes_______ No_______

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today’s dental appointment.

______________________________            _____________
Patient / Legal Guardian Signature                        Date