

# SUPPLEMENTAL HEALTH QUESTIONNAIRE

## Dental Visits in the Era of COVID-19

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

Do you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with have any of the following symptoms?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>Fever (defined as above 100.4 degrees)?</b>               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Cough?</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Shortness of breath and/or trouble breathing?</b>         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Persistent pain, pressure, or tightness in the chest?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Have you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease?**

If yes provide approximate dates of illness \_\_\_\_\_

I understand that if the answer to any of these questions is yes, I may be asked to reschedule today's appointment to a later date.

\_\_\_\_\_  
Patient/Parents Signature

\_\_\_\_\_  
Date