

Patient Pre-Appointment Questionnaire

This pre-appointment process is asked of all patients to help keep you and our team safe. Please complete within 24 hours prior of your appointment. Thank you!

PATIENT NAME: _____

Please circle YES or NO

Do you have or have you had any of the following symptom in the last 14 days.

Cough	YES	NO
Shortness of breath	YES	NO
Fever	YES	NO
Chills	YES	NO
Repeated shaking	YES	NO
Fatigue	YES	NO
Muscle aches	YES	NO
Vomiting	YES	NO
Headache	YES	NO
Sore throat	YES	NO
Loss of taste	YES	NO
Loss of smell	YES	NO
Malaise (“I just don’t feel well”)	YES	NO
Nausea	YES	NO
Diarrhea	YES	NO
Nasal congestion/runny nose	YES	NO
Rash	YES	NO

Are you awaiting results of a lab test for COVID-19? _____

Have you tested positive for COVID-19? If yes, when? _____

Have you had contact to anyone diagnosed with COVID-19 in the past 14 days?

Have you or a family member previously been asked to self-isolate or self-quarantine in the past 14 days?

Have you traveled in the past 14 days to a region with high rates of COVID-19?

If you’ve answered YES to any of the above questions, please call our office so we can talk about delaying treatment for at least 14 days. We all want to play it safe!

Please READ, SIGN, & DATE BELOW:

A weak or compromised immune system (including but not limited to conditions like diabetes, asthma, COPD, cancer, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition) can put me at greater risk for contracting COVID-19. I have answered the above questions to the best of my ability and have disclosed any conditions in my health history which may result in a compromised immune system.

Due to the frequency of visits of other patients, the characteristics of the virus and of certain dental procedures, I understand and acknowledge that I may have an elevated risk of contracting a virus by being in a dental office. I make this treatment decision of my own free will relying upon my own knowledge and judgement.

Signature _____ Date _____
(patient or guardian if patient is under the age of 18)