

COVID-19 PANDEMIC- PATIENT DISCLOSURES

Effective April 1, 2020

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 Virus.

A weak or compromised immune system (including but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID -19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing and such conditions with us.

It is also important that you disclose to this office and indication of having been exposed to the COVID-19 virus, or whether you have experienced any signs or symptoms associated with the COVIS-19 virus.

Do you have a fever or above normal temperature? _____YES _____NO

Have you experienced shortness of breath or had trouble breathing?
_____YES_____NO

Do you have a dry cough? _____YES_____NO

Do you have a runny nose? _____YES_____NO

Have you recently lost or had a reduction in your sense of smell?
_____YES_____NO

Do you have a sore throat? _____ YES _____NO

Have you been in contact with someone who has tested positive for COVID-19?
_____YES_____NO

Have you tested positive for COVID-19? _____YES_____NO

Have you been tested for COVID-19 and are awaiting results?
_____YES_____NO

Have you traveled outside of the United States by air or cruise ship in the last
14 days? _____YES _____NO

Have you traveled within the United States by air, bus or train within the past 14
days? _____YES_____NO

I fully understand and acknowledge the above information, risks and cautions
regarding a compromised immune system and have disclosed to my provider
any condition in my health history which may result in a compromised immune
system.

By signing this document, I acknowledge that the answers I have provided
above are true and correct.

First_____Last_____

Signature _____

Date_____