

COVID- 19 PATIENT SCREENING FORM

Patient Name: _____

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such condition with us.

		Please check	
		Yes	No
1	Do you have a fever or have you felt hot or feverish recently (14-21 days)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have a dry cough?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you experienced shortness of breath or other difficulties breathing?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have a runny nose?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have any recent onset of headache or sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have muscle pain?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you recently lost or had a reduction in your sense of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you been in contact with someone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
11	Are you over the age of 65?	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/>	<input type="checkbox"/>

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions 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 accurate.

Signature

Date

Witness

