

## COVID 19 PANDEMIC – PATIENT DISCLOSURES

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 any such conditions with us.

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

	Yes	No
Do you have a fever or above normal temperature or felt feverish recently (within 14-21 Days)?		
Have you experienced shortness of breath or had trouble breathing?		
Do you have a dry cough?		
Do you have a runny nose?		
Do you have a sore throat?		
Have you recently lost or had a reduction in your sense of smell?		
Do or have you had other flu like symptoms, such as headache, fatigue or gastrointestinal upset?		
Do you have: heart disease, lung disease, kidney disease, or any auto-immune disorders?		
Have you been in contact with someone who has tested positive for COVID 19?		
Have you tested positive for COVID 19?		
Have you been tested for COVID 19 and are awaiting results?		
Have you traveled outside the United States by air or cruise ship in the past 14 days?		
Have you traveled out of the area or the state in the last 14 to 21 days? If yes, answer below.		
Where have you traveled?		

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 are true and accurate.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date