

## COVID-19 QUESTIONNAIRE & 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. **Please use the Adobe Acrobat app on your computer or device to fill out this form and email it back to us at [Info1@Irvinedds.com](mailto:Info1@Irvinedds.com)**

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 also 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.

Do you have cold or flu-like symptoms such as a fever, cough, runny nose, or sore throat?

Yes       No

Have you experienced shortness of breath or had trouble breathing?

Yes       No

Do you have muscle pain?

Yes       No

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

Yes       No

Have you had gastrointestinal symptoms like nausea, diarrhea, or abdominal pain?

Yes       No

Have you tested positive for COVID-19?

Yes       No

Have you been in contact with someone who is sick in the last 14 days?

Yes       No

Have you traveled to a COVID-19 dense area or taken a plane, bus, ship, or train in the last 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 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.

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Full Name

Signature

Date