



Endodontic Partners

endodonticpartners.com

COVID-19 SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may spread the disease to the endodontist, endodontic staff, or other patients in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission:

Have you or other recent acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

No **Yes** If so, when?

Do you or recent acquaintances have or had any of the following in the past 14 days:

- No** **Yes** - A cough
- No** **Yes** - A fever (defined as above 99.6 degrees)
- No** **Yes** - Shortness of breath and/or trouble breathing?
- No** **Yes** - Persistent pain, pressure or tightness in the chest?
- No** **Yes** - Have any other respiratory symptoms?

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's endodontic appointment.

Patient Signature

Date