

# Children's Dentistry

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## COVID Questionnaire – Appointment Day

Please complete a form per patient on the day of your appointment. You can print anytime, but please fill out questionnaire on day of appointment. If you prefer to complete the form on your phone and email to us, that is no problem, just let our staff know to check email. Email is

**drwitte@att.net**

Thank You!

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

- Do you have fever or have you felt feverish in last 14 days?
- Are you having shortness of breath or other difficulty breathing?
- Do you have a cough?
- Do you have flu-like symptoms such as stomach ache, headache, fatigue?
- Have you experienced recent loss of taste or smell?
- Are you in contact with any individual confirmed to have COVID-19 virus? Patients who are well but have a sick family member at home should postpone dental appointment
- Do you suffer from diabetes, heart disease or any auto-immune disorder?
- Have you traveled in the past 14-21 days to areas heavily impacted by COVID-19? (example: New York, Louisiana, Europe)

YES	NO

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Thank you for assisting our office in keeping a safe, healthy environment for all patients and staff.