

## 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 reschedule treatment after discussing any such conditions with us.

It is also important that you disclose to the 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. ***Please complete the following, sign below and email to [erdelapazdds@gmail.com](mailto:erdelapazdds@gmail.com) the day BEFORE your appointment. If any answers are “yes” please contact the office ASAP, as we may need to delay your appointment, 303-442-4235.***

***Experienced any of these symptoms within the last 10 days*** **Yes**   **No**

Chills, fever or above normal temperature ?		
Shortness of breath or difficulty breathing ?		
Cough, runny nose, sore throat, headache, muscle or body aches ?		
Nausea, vomiting, or diarrhea ?		
New loss of taste or smell?		
Have you been advised to self quarantine because of an exposure to someone with SARS-CoV-2 infection?		
Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19 within the last fourteen days?		
Have you been tested for COVID-19 and are waiting results within the last fourteen days?		

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