MEDICAL HISTORY UPDATE

ONE CHILD PER FORM. PLEASE FILL OUT AT HOME AND BRING TO APPOINTMENT

Child's Name: _____

Accompanied by (Your Name): _____ **Relation to child:** _____

Have there been any changes to your insurance, address or phone number in the last six months?: □ **NO** □ **YES**

_____

Have there been any changes to your child's health since your last visit? □ **NO** □ **YES (If yes, please explain)**

_____

Is your child currently taking any medication? □ **NO** □ **YES (If yes, what/why?):**

_____

Is your child allergic to anything? (e.g. latex, medications, food…)? □ **NO** □ **YES (If yes, what?):**

_____

Do you have any questions or concerns about your child's teeth? □ **NO** □ **YES (If yes, please explain):**

_____

SCREENING DURING COVID-19 ERA

Has your child or the guardian accompanying your child to the appointment had any of the following in the last 14 days:	Child	Guardian
Fever (greater than 100.3)?	□ YES □ NO	□ YES □ NO
Shortness of breath or other difficulties breathing?	□ YES □ NO	□ YES □ NO
Cough?	□ YES □ NO	□ YES □ NO
Any other flu-like symptoms, such as chills, muscle pain, headache, fatigue?	□ YES □ NO	□ YES □ NO
Experienced recent loss of taste or smell?	□ YES □ NO	□ YES □ NO
Sore throat?	□ YES □ NO	□ YES □ NO
Nausea, vomiting or diarrhea?	□ YES □ NO	□ YES □ NO
In contact with any confirmed or suspected COVID-19 positive patients?	□ YES □ NO	□ YES □ NO

Thank you for your continued trust in Jensen Pediatric Dentistry. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so. As with the transmission of any communicable disease like a cold or flu, you may be exposed to COVID-19, also known as "Coronavirus," at any time or in any place.

Despite our careful attention to sterilization, disinfection, social distancing, and use of personal barriers, there is still a chance you could be exposed to an illness in our office, just as you might be in any public place. Due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dentist, dental team and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment? □ **YES** □ **NO**

Signature: _____ **Date:**_____