



77 Warren Street
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 www.brightonfamilydental.org

COVID-19 Pre-Appointment Questionnaire

Instructions: Please complete the questions below prior to your appointment. Depending on your answers, we may request that you postpone your appointment to a later date.

Have you had contact with anyone confirmed positive for COVID-19 in the last 14 days? Y | N

Has anyone in your household had close contact with a confirmed or probable COVID-19 case? Y | N

Have you travelled outside of Massachusetts in the past 14 days? Y | N
 -If yes, which state(s) did you travel to? _____

In the past 14 days, have you had symptoms that include:

- Fever over 100.4 degrees Y | N
- Shortness of breath or difficulty breathing Y | N
- Cough Y | N
- Congestion or runny nose Y | N
- Headache Y | N
- Fatigue Y | N
- Gastrointestinal upset Y | N
- Nausea or vomiting Y | N
- Diarrhea Y | N
- Recent loss of taste or smell Y | N

In the past 14 days, have you taken any of the following medications:

- Acetaminophen Y | N
- Ibuprofen Y | N
- Naproxen Sodium Y | N
- Aspirin Y | N

Full Name (Printed):

Signature

Date



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COVID-19 Consent Form

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “Coronavirus,” at any time or in any place. 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.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. “Social Distancing” nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dentist, dental staff and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes

No

Patient Name: _____

Parent/Guardian Name (If applicable): _____

Patient or Parent/Guardian Signature (If patient is under 18): _____

Date: _____