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## SUPPLEMENTAL HEALTH QUESTIONNAIRE

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

- Have you, your child, or others accompanying you to today's appointment or other recent acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Date \_\_\_\_\_

Do you, your child, or others accompanying you to today's appointment or other recent acquaintances have:

- A Fever (defined as above 99.6 degrees) Yes \_\_\_\_\_ No \_\_\_\_\_
- A Cough? Yes \_\_\_\_\_ No \_\_\_\_\_
- Shortness of Breath and/or Trouble Breathing? Yes \_\_\_\_\_ No \_\_\_\_\_
- Persistent Pain, Pressure, or Tightness in the Chest? Yes \_\_\_\_\_ No \_\_\_\_\_
- Any changes in medical history? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
Patient/Parents Signature

\_\_\_\_\_  
Date

Patient's Name(s) \_\_\_\_\_

**\*DENTAL ASSISTANT TO FILL OUT THIS SECTION\***

Temperature: \_\_\_\_\_