



## Supplemental Informed Consent ENT Treatment in the Era of COVID-19

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, doctor, ENT Specialists staff and sometimes other patients at all times.

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

Yes  No

**\* Patient First Name:**

**MI:**

**\* Last Name:**

**\* Patient Date of Birth:**

**\* Parent/Guardian First Name:**

**MI:**

**\* Last Name:**

**\* Relationship to Patient:**

**\* Patient/Parent/Guardian Signature:**

**\* Date:**

### Brockton

35 Pearl St, Ste. 200  
Brockton, MA 02301  
508-588-8034 (P)  
508-897-0475 (F)

### Norwood

825 Washington St. Ste. 310  
Norwood, MA 02062  
781-769-8910 (P)  
781-255-9844 (F)

### Plainville

188 Washington St  
Plainville, MA 02762  
508-699-1701 (P)  
508-699-1706 (F)

### Taunton

72 Washington St. Ste. 1600  
Taunton, MA 02780  
508-880-3460 (P)  
508-880-5335 (F)



# Supplemental Health Questionnaire ENT Treatment in the Era of COVID-19

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

**Do you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with have any of the following symptoms?**

\* **Fever**       Yes    No

(defined as above 100.4° F degrees)?

\* **Chills?**       Yes    No

\* **Cough?**       Yes    No

\* **Sore Throat?**    Yes    No

\* **New loss of taste or smell?**    Yes    No

\* **Shortness of breath and/or trouble breathing?**  
 Yes    No

\* **Persistent pain, pressure or tightness in the chest?**  
 Yes    No

\* **Have you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease?**

If yes provide approximate dates of illness:      mm/dd/yyyy      through      mm/dd/yyyy

    

\* **I understand that if the answer to any of these questions is yes, I may be asked to reschedule today's appointment to a later date.**       Yes    No

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**MI:**

\* **Last Name:**

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