

PATIENT SCREENING FORM

Patient Name:

Patient Temp:

	Pre-Appointment	In-Office
	Date:	Date:
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Are you/they having shortness of breath or other difficulties breathing?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Do you/they have a cough?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Have you/they experienced recent loss of taste or smell?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Are you/ they in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Is you/they age over 60?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (As relevant to your location?)	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>

**Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.**

For testing, see the list of State and Territorial Health Department Websites for your specific area's information.