

## Patient Screening Form

	PRE-APPOINTMENT	IN-OFFICE
<p><b>Please use an "X" to mark your answers to the following questions.</b></p> <p style="text-align: right;">Date: ___/___/___      Date: ___/___/___</p>		
1. Do you/the patient have fever or have you/the patient felt hot or feverish recently (14–21 days)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you/the patient having shortness of breath or other difficulties breathing? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you/the patient have a cough? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you/the patient experienced recent loss of taste or smell? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you/the patient in contact with any confirmed COVID-19 positive patients? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>		
7. Is your/the patient's age over 60? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you/the patient have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you/the patient traveled in the past 14 days? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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 Centers for Disease Control and Prevention (CDC)'s list of State and Territorial Health Department Websites for your specific area's information: <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>.