

Screening Questions - Must be done prior to appointment over the phone, and then again at appointment.

1. Have you had fever or have you felt hot or feverish in the last 21 days? _____
2. Have you been in contact with any confirmed or suspected COVID-19 patients? _____
3. Are you considered at high risk for having COVID-19? _____
4. Will you require assistance to this appointment?
if yes, we will need to discuss the same questions with your companion. _____
5. Have you traveled in the past 14 days to any regions affected by COVID-19? _____
6. Have you had any of the following symptoms in the last 21 days?
 - a) Headache/Body Aches _____
 - b) Flu Like Symptoms _____
 - c) Difficulty Breathing _____
 - d) Gastrointestinal upset _____
 - e) Chills & Fatigue _____
 - f) Sore Throat _____
 - g) Cough _____
 - h) Recent loss of taste or smell? _____

Are you over the age of 60? _____

Do you have Heart disease? _____

Do you have a lung disease? _____

Do you have kidney disease? _____

Do you have diabetes? _____

Do you have any auto immune disorders? _____

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