

COVID - 19 Patient Screening Form

Patient Name:			
Date:			
Temperature:			
Do you/they have fever or have you/they felt feverish (14-21 days)?	Yes No	Yes No	Yes No
Are you/they having shortness of breath or other difficulties breathing?	Yes No	Yes No	Yes No
Do you/they have a cough?	Yes No	Yes No	Yes No
Any other flu like symptoms such as gastrointestinal upset, headache or fatigue?	Yes No	Yes No	Yes No
Have you/they experienced recent loss of taste or smell?	Yes No	Yes No	Yes No
Are you/they in contact with any confirmed COVID-19 positive patients? <small>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</small>	Yes No	Yes No	Yes No
Is your/their age over 60?	Yes No	Yes No	Yes No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	Yes No	Yes No	Yes No
Have you/they travelled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	Yes No	Yes No	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.

COVID - 19 Informed Consent

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or 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, dentist, dental staff and sometimes other patients at all times.

I agree to immediately contact the office of Dr. Edith Cuevas-Mendoza if I exhibit symptoms or I am diagnosed with COVID-19.

Disinfecting protocols, air purifiers, ULV foggers, personal protective equipment and other preventive measures are observed and make exposure unlikely, but I do understand and accept the risk and consent to treatment.

Patient, Parent or Guardian's Signature

Date