



Patient's Temperature at Appointment

PATIENT SCREENING COVID-19

Please include patient's name, answer all *pre-appointment* questions and email completed form no later than one (1) day before scheduled appointment. Email to: office@duggerdentistry.com

**in-office* questions will be completed at the time of your/their appointment

PATIENT'S NAME:	PRE-APPOINTMENT		IN-OFFICE	
	DATE:		DATE:	
	YES	NO	YES	NO
Do you/they have a fever, or have you/they felt hot or feverish recently (14 – 21 days)?				
Are you/they having shortness of breath or difficulties breathing?				
Do you/they have a cough?				
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?				
Have you/they experienced recent loss of taste or smell?				
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>				
Is your/their age over 60?				
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?				
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)				

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

*For testing of COVID-19, see the list of [CDC State & Territorial Health Department](#) for your specific area's information