RAPID SMILE DENTAL GROUP

COSMETIC & FAMILY DENTISTRY

COVID-19 Patient Screening Form

Patient Name: _____ Chart number _____ Appt Date _____

	Pre-Appt Date: _____		In-Office	
Are you over 60 years of age?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have a preexisting condition such as lung disease, heart disease, diabetes, kidney disease or an autoimmune disorder?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have proper mask to cover your nose and mouth? (Please wear your mask and bring your own pen for your appointment)	☐ Yes	☐ No	☐ Yes	☐ No
Are you experiencing, or have your experienced, shortness of breath or trouble breathing recently (14-21 days)?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have fever or have you felt hot or feverish recently (14-21 days)?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have, or have you had, a temperature of 100.4° F or higher (14-21days)?	☐ Yes	☐ No	☐ Yes	☐ No
Are you experiencing, or have you experienced, a sore throat (14-21 days)?	☐ Yes	☐ No	☐ Yes	☐ No
Are you coughing, or have you been coughing recently (14-21 days)?	☐ Yes	☐ No	☐ Yes	☐ No
Are you experiencing, or have you experienced, repeated shaking with chills?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have, or have you had, flu-like symptoms such as muscle aches, headache or fatigue recently (14-21 days)?	☐ Yes	☐ No	☐ Yes	☐ No
Are you experiencing, or have you experienced, gastrointestinal changes recently (14-21 days)?	☐ Yes	☐ No	☐ Yes	☐ No
Have you noticed a loss of smell or taste?	☐ Yes	☐ No	☐ Yes	☐ No
Have you had contact with a known or suspected COVID-19-positive person? *ADA Recommendation: Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.*	☐ Yes	☐ No	☐ Yes	☐ No
In the last 14 days, have you traveled to an area that has a high incidence of COVID-19?	☐ Yes	☐ No	☐ Yes	☐ No

REMINDERS:

Do you have your own mask? [Mask should cover from the bridge of your nose to under your chin] . We will ask you to wear your mask at all times excluding the time of dental treatment.

Please bring your own pen. Please have all paperwork completed before the appointment. Please email or fax all the paperwork if you can. Our fax number is (310) 696-0602 email is rapidsmiledental@gmail.com

If you cannot email or fax the papers please call our office at (310) 696-6996 to make arrangements.