

Patient Screening Form

SECTION A:

1. Do you they have fever or have you/they felt hot or feverish recently (14-21 days)?
2. Are you/they having shortness of breath or other difficulties breathing?
3. Do you/they have a cough?
4. Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?
5. Have you/they experience recent loss of taste or smell?
6. Are you/they in contact with any confirmed COVID-19 positive patients?
7. Have you/they traveled in the past 14 days to any regions affected by COVID-19?
(relevant to your current location)

If you answered yes to any of the above questions, please contact the office prior to your appointment to discuss.

SECTION B:

1. Is your/their age over 60?
2. Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?

*If you answered yes to **BOTH** of the above questions, please contact the office prior to your appointment to discuss.*

Please note:

- These same questions will be posted at time of check in for you to acknowledge answering and to ensure nothing has changed.
- Additionally, a temperature will be taken prior to treatment.
- We ask for no extra companions at your appointment, unless absolutely necessary, to allow for social distancing in the waiting room. If this is a family appointment, please bring only those family members receiving care.
- Per interim guidelines from the Iowa Dental Board, you/your family must wear a mask to your appointment. To preserve PPE for our staff, we are asking you to wear your own. We will have some available should you forget.
- If you would like to wait in your car, we can make that accommodation. Please contact the office to arrange.

REVISION DATE MAY 9, 2020