Mark Handelsman, D.D.S.

Diplomate. American Board of Periodontology.

Patient Screening Form

Patient Name:

	PRE-APPOINTMENT	IN-OFFICE
	Date:	Date:
Do you have a fever or have you felt hot or feverish in the last 2 weeks?	☐ Yes ☐ No	☐ Yes ☐ No
Are you having shortness of breath or other difficulties breathing?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a cough?	☐ Yes ☐ No	☐ Yes ☐ No
Any other flu-like symptoms, such as gastrointestinal upset, headache, runny nose, or fatigue?	☐ Yes ☐ No	☐ Yes ☐ No
Have you experienced recent loss of taste or smell?	☐ Yes ☐ No	☐ Yes ☐ No
Have you been in unprotected contact with someone who has tested positive for COVID-19 in the last 10 days?	☐ Yes ☐ No	☐ Yes ☐ No
Have you been tested for COVID-19 (SARS--CoV-2) in the last 10 days? If yes, please write the date of your test here _____ ☐ Home Antigen Test ☐ PCR Test	☐ Yes ☐ No result of test: ◯ Positive ◯ Neg.	☐ Yes ☐ No
Have you been vaccinated? ☐ Yes ☐ No	1st shot: ◯ Moderna ◯ Pfizer ◯ J&J	2nd shot: ◯ Moderna ◯ Pfizer	Date of last booster: _____
Would you like to discuss any of these topics with Dr. Handelsman before proceeding with elective periodontal treatment?	◯ Yes ◯ No	◯ Yes ◯ No

Patient signature required at appointment: _____