Pre-appointment triage form

Prentis DENTAL • STUDIO

Date: .....

Time: .....

Name: .....

Address: .....

Postcode: .....

NHS number (if known) .....

Name of parent or carer (if applicable) .....

Patient's GP Practice and Contact Number: .....

	PRE-APPOINTMENT	ON SITE
Are you a shielded patient?	Yes ☐ No ☐	Yes ☐ No ☐
Called previously for AAA? If so insert date and advice given here:	Yes ☐ No ☐	Yes ☐ No ☐
Have you been diagnosed with Coronavirus?	Yes ☐ No ☐	Yes ☐ No ☐
Do you have fever or have you/they felt hot or feverish recently (14-21 days)?	Yes ☐ No ☐	Yes ☐ No ☐
Are you having shortness of breath or other difficulties breathing?	Yes ☐ No ☐	Yes ☐ No ☐
Do you currently have a cough? or have you had a persistent dry cough in the last 14 days?	Yes ☐ No ☐	Yes ☐ No ☐
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	Yes ☐ No ☐	Yes ☐ No ☐
Have you experienced recent loss of taste or smell?	Yes ☐ No ☐	Yes ☐ No ☐
Are you in contact with any confirmed COVID-19 positive patients? 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 ☐
Are you 70 years old or above?	Yes ☐ No ☐	Yes ☐ No ☐
Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	Yes ☐ No ☐	Yes ☐ No ☐
Have you traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	Yes ☐ No ☐	Yes ☐ No ☐

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment. Do you consent to have a verbal consultation with the dentist Yes No