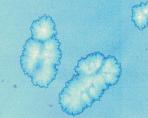


## PATIENT CARE



## Calibrnia Dental Association 1201 K Street, Sacramento, CA 95814 800.232.7645 | cda.org



## Covid-19 Patient Screening Form

**Instructions for use:** Use one form for each patient appointment. Ask the patient these questions at the time appointment is made or with appointment reminder, and again no more than two days before the appointment. Take the patient's temperature and note any signs of fever, coughing, or shortness of breath.

Patient/Parent/Guardian	NI		
Patient/Parent/Callaraian	Names.		

Screening questions	Date: / / Staff initial:	Date: / / Staff initial:	Notes	
Do you have a fever or above-normal temperature (>100.4° F)? Take temperature at appointment.	□ No □ Yes	□ No □ Yes	If patient answers "yes" to either question on shortness of breath or coughing, or answers	
Are you experiencing shortness of breath or having trouble breathing?	□ No □ Yes	□ No □ Yes	yes to any combination of two other symptoms and the patient does not need emergency	
Do you have a dry cough?	□ No □ Yes	□ No	care, consider not scheduling or seeing the patient until symptoms resolve or until patient	
Do you have a runny nose?	□ No □ Yes	□ No	can provide proof they are not infectious for COVID-19. The dentist may want to seek additional information from the patient regarding symptoms.	
Have you recently lost or had a reduction in your sense of smell or taste?	□ No □ Yes	□ No		
Do you have a sore throat?	□ No /	□ No		
Are you experiencing chills or repeated shaking with chills?	□ No	□ No		
Do you have unexplained muscle pain?	□ No	□ No		
Do you have a headache?	□ No	□ No		
Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?	□ No □ Yes	□ No □ Yes	If "yes" and patient does not need emergency care, do not see patient unless it has been more than 7 days since symptoms first appeared and 3 days of no fever without use of fever-reducing medication.	

Screening questions	Date: / / Staff initial:	Date: / / Staff initial:	Notes
Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?	□ No □ Yes	□ No □ Yes	If yes, ask for date of last contact with COVID-positive patient and set appointment time for more than 14 days later, unless the patient needs emergency care.
Have you been tested for COVID-19 in the last 14 days? If "no," proceed to next question.	□ No □ Yes	□ No □ Yes	
If yes, what is the result of the testing?  If negative, proceed to next question.  If still waiting on results, schedule appointment after results are known.	□ No □ Unsure □ Positive	□ No □ Unsure □ Positive	If positive, determine if patient needs emergency care. If not an emergency, schedule patient to be seen when it has been more than 7 days since symptoms first appeared and 3 days of no fever without use of fever-reducing medication.
Have you traveled more than 100 miles from your home in the last 14 days?	□ No □ Yes	□ No □ Yes	If yes, determine if patient traveled to an area where COVID-19 cases are high. Determine if patient followed physical distancing precautions and wore a mask while in public. Use professional judgement when determining whether to proceed with the appointment.

## **COVID-19 Pandemic Emergency Dental Treatment Consent Form**

I.	knowingly and willingly consent to have	
dental treatment completed during the	COVID-19 pandemic.	
Signature		