

Coronavirus COVID-19: Patient Risk Survey

Temperature: _____

Date: _____

First Name: _____ Last Name: _____ DOB: _____

Verbal Screening

Have you traveled out of state in the past 14 days? Yes No
Are you fully vaccinated OR have you recovered from a documented COVID-19 infection? Yes No
To your knowledge, have you been in contact with a COVID-19 patient? Yes No
Are you experiencing any of the following flu-like symptoms?

Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repeated shaking with chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Visual Screening

Please complete visual assessment based on patient's physical appearance:

Coughing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sneezing/runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pale skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigued	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sweating	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Patient Notice to Reschedule

(Verbiage) Hi, it does not appear that you are feeling well today. Dr. _____ is recommending that you seek further medical evaluation, considering the Coronavirus, for your health and safety. I am going to help reschedule your visit at least two weeks from today. For your safety, if you are still not feeling well, please give us a call and we can push your visit back until you feel better. How does _____ at work for you?

Confirmation Calls: Every Patient, One Day Prior to Visit

(Verbiage for confirmations) Hello, this is _____ from (insert practice name). I am calling to remind you of your dental appointment on _____ at _____. We want you to know that we follow the highest standard of infection control procedures and are committed to your health and safety. If you have traveled outside of the U.S. within the past 30 days or are experiencing flu like symptoms, we are happy to reschedule your visit for a time when you are feeling better. We are happy to return a call to confirm at _____. Thank you and have a nice day.