Belfast Dental **Care**

PATIENT HEALTH SCREENING FORM

A positive response to any of the following questions would likely indicate a deeper discussion with the dentist may be required before proceeding with elective dental treatment. Patient Health Screening Form to be filed with patient's record.

Questionnaire	Pre-Appointment	Check-in
Patient's Name: | **Patient Record No.**	**Date:**	**Date:**
1. Do you or does the patient feel hot or feverish? Record patient's temperature upon Check-in here: _____ (Fahrenheit)	☐ Yes ☐ No	☐ Yes ☐ No
2. Have you or has the patient felt hot/feverish in the last 14-21 days?	☐ Yes ☐ No	☐ Yes ☐ No
3. Are you or is the patient having any shortness of breath or other difficulties breathing?	☐ Yes ☐ No	☐ Yes ☐ No
4. Do you or does the patient have a cough?	☐ Yes ☐ No	☐ Yes ☐ No
5. Do you or does the patient have any flu-like symptoms, such as gastrointestinal upset, headache, or fatigue?	☐ Yes ☐ No	☐ Yes ☐ No
6. Have you or has the patient experienced a loss of taste or smell?	☐ Yes ☐ No	☐ Yes ☐ No
7. Are you or is the patient in contact with any confirmed COVID-19 positive patients?	☐ Yes ☐ No	☐ Yes ☐ No
8. Is your or is the patient age over 60?	☐ Yes ☐ No	☐ Yes ☐ No
9. Do you or does the patient have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	☐ Yes ☐ No	☐ Yes ☐ No
10. Have you or has the patient traveled in the past 14 days to any region affected by COVID-19 (as relevant to your location)?	☐ Yes ☐ No	☐ Yes ☐ No

PREPARING PATIENTS FOR UPCOMING OFFICE VISIT

- ☐ Inform patients that these questions will be repeated and their temperature will be taken when they arrive at the office in order to ensure nothing has changed since the phone conversation.
- ☐ Share a copy of Belfast Dental Care's SAFETY FIRST guidelines (email/PDF) .
- ☐ If patients/parents/guardians seem reluctant in any way, reassure them that although this may seem strange, it is all being done out of an abundance of concern for their health, as well as that of the other patients being seen in the office, the doctor and the staff, and any public with whom they might come in contact.
- ☐ If you need to leave a voicemail or if you are sending the patient a text message, ask the patient to call the office prior to their appointment for preliminary screening.

Check-in Confirmation & Guest Registration (Contact Tracing)

			Select
Check-in Completed By (Print name)		Guest No. 1 Name	Relationship Select
Check-in Completed By (Signature)	Date	Guest No. 2 Name	Relationship