ASHLY COTHERN DDS

Excellent Dentistry, Comprehensive Care, Exceptional Experience

# Patient Screening/Consent Form

**Patient Name:**_____

| | **Pre-appointment** Date:_____ | **In-Office** Date:_____ |
|---|---|---|
| Have you been in contact with any confirmed Covid-19 positive patients? | __Yes__No | __Yes__No |
| Do you have a fever or have you had a fever in the last 14 days? | __Yes__No | __Yes__No |
| Do you have any shortness of breath? | __Yes__No | __Yes__No |
| Do you have a cough? | __Yes__No | __Yes__No |
| Do you have any flu-like symptoms (GI upset, headache, fatigue)? | __Yes__No | __Yes__No |
| Have you experienced recent loss of taste or smell? | __Yes__No | __Yes__No |
| Do you have heart, lung or kidney disease? | __Yes__No | __Yes__No |
| Do you have diabetes or an auto-immune disease? | __Yes__No | __Yes__No |
| Have you traveled within the last 14 days (inside or outside of the US)? | __Yes__No | __Yes__No |

If so,where?_____

***Positive responses to any of these questions may indicate a discussion with Dr. Cothern prior to proceeding with treatment.**

**Temperature:**_____

You have come to our office today for a routine dental evaluation and/or treatment that will be performed during the COVID-19 pandemic. Please be advised of the following:

-While our office complies with the State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

-Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of 'screening' questions. For the safety of our staff, other patients and yourself, by signing this document you acknowledge that the answers you have provided are true and accurate.

_____ _____

**Patient/Responsible Party(signature)** **Date**