

COVID: Patient Pre-Screening Interview

Patient Name: _____ Birth Date: _____

Patient Pre-Screening Interview

What is your Cell Phone Number? (We will call this number letting you know when you may enter the office)

(____)____-_____

Did a Columbia Smiles staff member review the check-in and out procedures? Yes / No

Do you have updated or changes to your insurance information? Yes / No

Are there any changes in your health history/med/allergies? Yes / No

Have you, anyone you live with felt feverish in the last couple weeks? Yes / No

Have you been tested for COVID-19? If YES, include the Date AND Result. Yes / No _____

Are you having shortness of breath or other difficulties breathing including chest pain or tightness? Yes / No

Are you having any other cold or flu-like symptoms, such as gastrointestinal upset, headache, muscle pain, sore throat, or fatigue? Yes / No

Do you have a cough? Yes / No

Have you experienced recent loss of taste or smell? Yes / No

Have you or anyone you live with been in contact with someone who tested positive for COVID-19 or anyone suspected of having COVID-19? Patients who are well but who have a sick family member at home with COVID-19 must reschedule their appointment. Yes / No

Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders? Yes / No

Have you or anyone residing with you, traveled outside Maryland in the past 14 days? Yes / No

If you have had to medically quarantine, what was the last day of quarantine and for what medical necessity?

Positive responses to any of these will indicate a deeper discussion with the dentist before proceeding with elective dental treatment.

SUPPLEMENTAL INFORMED CONSENT

General Dental Treatment in the Era of COVID-19

Thank you for your continued trust in our practice and know that we are here for you.

As with the transmission of any communicable disease like a cold or the flu, you may be or have been exposed to COVID-19 (Novel Coronavirus) at any time or in any place. Be assured that we have always followed state and federal regulations and have practiced the highest standards above recommendations for personal protection and disinfection protocols in order to limit transmission of all diseases in our office and will continue to do so.

Despite our careful attention to sterilization, disinfection, barriers, housekeeping, and personal protection equipment there is still a chance that you could be exposed to an illness in our office, just as you might at other medical offices.

“Social Distancing” nationwide has reduced the transmission of the Coronavirus and we have provided an atmosphere of the lowest possible risk including patient to patient distancing, disinfection, and PPE provisions for our patients. Due to the nature of the treatment we provide (direct patient to provider contact) it is not possible to maintain distancing between the patient, dentist, hygienist, other team members, and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent for treatment?

Yes / No

Date of Signing: _____

Signature of Patient (Parent or Guardian): _____

Name: _____