

ADA Patient Screening Form

Type in answer

Patient Name:

Do you/they have a fever or have you/they felt hot or feverish recently (14-21 days):

Are you/they having shortness of breath or other difficulties breathing?

Do you/they have a cough?

Any other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue?

Have you/they experienced recent loss of taste or smell?

Are you/they in contact with any confirmed COVID-19 positive patients?

Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment

Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?

Have you/they traveled in the past 14 days to any regions affected by COVID-19?

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