

James Otten Dentistry

BRILLIANT SMILES

exceptional care for people who care

Patient Name: _____

Questions	Yes	No
1. Have you tested positive for COVID-19 or been exposed to an individual that has tested positive for COVID-19?	Yes	No
2. Have you had any of the following flu-like symptoms or fever of 100 degrees or more in the last 21 days?	Yes	No
3. Have you had a dry cough, shortness of breath, sore throat, GI upset, fatigue, or loss of taste or smell in the last 21 days?		
4. Has anyone in your household been in contact with any confirmed COVID-19 positive or suspected positive COVID-19 positive type symptoms listed in question 3?	Yes	No
5. Have you or anyone you live with breached the order to shelter in place for work responsibilities, volunteer obligations, or any other reason over the last 3 weeks?	Yes	No
6. Do you have a history of heart disease, lung disease, diabetes, kidney disease, cancer therapy, or autoimmune disease?	Yes	No
7 Days prior to your appointment we will confirm your answers are still the same.		
We will contact you again 24 hours prior to your appointment to reconfirm your answers.		
Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.		

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

Signature _____

Date _____