



Covid-19 Patient Screening Form

Patient / Responsible Party Name: _____

Please review the questions below. If all answers are “no”, then read and sign below. **If the answer to any question is “yes”, please contact us at 925-689-4790 to reschedule your appointment.**

Do you have a fever or above-normal temperature (>100.4° F)?	Do you have a headache?
Are you experiencing shortness of breath or having trouble breathing?	Do you have a sore throat?
Do you have a dry cough?	Do you have a runny nose?
Have you recently lost or had a reduction in your sense of smell or taste?	Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?
Are you experiencing chills or repeated shaking with chills?	Have you been tested for COVID-19 in the last 14 days? <i>If “no,” proceed to next question.</i>
Do you have unexplained muscle pain?	<i>If yes, what is the result of the testing?</i>
Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?	<i>If negative, proceed to next question.</i>
	<i>If still waiting on results, schedule appointment after results are known.</i>
	Have you traveled more than 100 miles from your home in the last 14 days?

AAO Supplemental Informed Consent Orthodontic Treatment in the Era of COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “Coronavirus,” at any time or in any place. Be assured that we always have followed state and federal regulations and recommendations regarding universal personal protection and disinfection protocols to limit transmission of all diseases in our office and we continue to do so.

Despite our careful attention to sterilization, disinfection and the use of personal barriers, there still is a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store or favorite restaurant. “Social Distancing” nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing at all times between the patient, orthodontist, orthodontic staff and sometimes other patients.

Although exposure is unlikely, do you accept the risk and consent to treatment? Yes No Date: _____

Patient / Responsible Party: _____ **Contact ph# for today's appointment** _____

For office use:

Staff Member: _____ Any changes? Yes No Patient Temperature _____