Sonya G. Morgan DDS, Inc. - 8/3/2020

Patient Screening Questionnaire

Patient Screening Questionnaire

Please answer the following questions based on your pre-appointment state.

Do you/they have 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?
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.

Is your/their age over 70?	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?

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

State and Territorial Health Department Websites

Signature

The information given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform the office of any changes

Signature of Patient, Parent, or Guardian

Date