

# Patient Screening Form

**Patient Name(s):** \_\_\_\_\_ **Guardian Name:** \_\_\_\_\_

	Patient		Guardian	
Do Patients have a <b>fever?</b> (for Screener)	Yes	No	Yes	No
Have you <b>traveled outside of the United States?</b>	Yes	No	Yes	No
Are any family members <b>COVID-19 positive?</b>	Yes	No	Yes	No
Do you / they have any of the <b>symptoms of COVID-19</b> including, but not limited to: a fever, shortness of breath, difficulties breathing, loss of taste or smell, or a new or worsening cough?	Yes	No	Yes	No
<b>If Yes: what symptoms?</b>				

## Supplemental Informed Consent Dental and 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 have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still 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 between the patient, orthodontist, dentist, staff and sometimes other patients at all times.

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

\_\_\_\_\_  
Patient / Guardian's Signature:

\_\_\_\_\_  
Date:

### At Risk Individuals include the following?

- (1) Individuals who are 65 years and older; (2) Individuals with chronic lung disease or moderate to severe asthma;
- (3) Individuals who have serious heart conditions; (4) Individuals who are immunocompromised, recent chemo;
- (5) Pregnant women; and (6) Individuals determined to be high risk by a licensed healthcare provider.

**Screened by:** \_\_\_\_\_



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