

# Marivic Angeles, DDS

A PROFESSIONAL CORPORATION

Gentle Family Dentist

5047 Clayton Rd. Concord, CA 94521

## Patient Screening Form

Patient Name:

	Pre-Appointment	In-Office
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Do you have fever or have you felt hot or feverish

Recently (14-21 days)

Yes  No  Yes  No

Are you having shortness of breath or other difficulties breathing?

Yes  No  Yes  No

Do you have a cough?

Yes  No  Yes  No

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

Yes  No  Yes  No

Have you experienced recent loss of taste or Smell?

Yes  No  Yes  No

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

Yes  No  Yes  No

Patients who are well but who have a sick family Member at home with COVID-19 should consider

Postponing elective treatment

Is your age over 60?

Yes  No  Yes  No

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

Yes  No  Yes  No

Have you traveled in the past 14 days to any regions affected by COVID-19? (relevant to our location)

Yes  No  Yes  No