ALAMEDA
Pediatric Dentistry

ADA

Patient Name:

	PRE-APPOINTMENT	IN-OFFICE
Temperature day of appt:	Date:	Date:
Do you/child have fever or have you/child felt hot or feverish recently (14-21 days)?	Yes No	Yes No
Are you/child having shortness of breath or other difficulties breathing?	Yes No	Yes No
Do you/child 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/child experienced recent loss of taste or smell?	Yes No	Yes No
Are you/child 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.*	Yes No	Yes No
Is your age over 60?	Yes No	Yes No
Do you/child have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	Yes No	Yes No
Have you/child traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	Yes No	Yes No

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