

**Deborah Ann Conner, DDS, PLLC**  
*practice limited to endodontics*

## Patient Screening Form

Patient Name: \_\_\_\_\_

	Pre-appt	In-office
	Date:	Date:
Have you been tested for COVID-19? If so, when? What was the result?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fever or have you felt hot or feverish recently (14-21 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you having shortness of breath or other difficulties breathing? Do you have a cough (wet or dry)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other flu-like symptoms, such as GI upset, headache or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you or anyone in your household have any new symptoms outside of your normal health?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in contact with any COVID-19 positive patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you travelled (flying or driving) in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been indoors (bars, restaurants, church, etc.) where people are not wearing masks or maintaining a social distance of 6 feet? (14-21 days)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been outdoors with groups (protests, sporting events, restaurants, etc.) where people are not wearing masks or maintaining a social distance of 6 feet? (14-21 days)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Positive responses to any of these indicates a deeper discussion with our office is needed before proceeding with root canal treatment.