

Screening Questions/Informed Consent/Promise to Call

Please Note:

- Our office door is now kept locked for safety.
- Do not enter if you have or have had any respiratory illness within 14 days.
- Wear a mask when inside our office.
- We will come out to get you after you have called to let us know that you have arrived.
- We will confirm the screening questions, give you a mask if needed & take your temperature.
- Keys and cell phones will go in a plastic bag.
- You will wash your hands before going to the treatment room and before leaving the treatment room. Safety is #1.

Screening Questions Regarding Covid-19 Risk

*Your responses will help us determine what we need to discuss more.

1. Have you or any members of your household been diagnosed with Covid-19
Date ___/___/___ or have you or they been tested for Covid-19 Date ___/___/___
Where? _____
2. Have you or any household members had any of the following symptoms
common to Covid-19 during the last 14 days?
 - a. Flu like symptoms
 - b. Fever
 - c. Headache]
 - d. Dry Cough
 - e. Unusual back pain
 - f. Nausea without vomiting
 - g. Abdominal discomfort/some diarrhea
 - h. Recent Loss of Smell
 - i. Fatigue
3. Have you or any household members been in contact with anyone having Covid-19 or suspicious symptoms during the last 14 days? Yes or No
4. Have you or any household members been inside any bars, restaurants, gyms, crowded areas, or in meetings without good social distancing, during the last 14 days?
Yes or No
5. Have you or any household members assisted with, performed, or been near any nasal or oral procedures on other people that produced aerosols within the last 14 days? Yes or No
6. If yes to Question 5, Describe your PPE: _____

7. Have you and every household member practiced conscientious social distancing during the last 14 days? Yes or No
8. Have you and every household member avoided public touchpoints with bare hands during the last 14 days?
Yes or No
9. Have you or any household members traveled by commercial/public or foreign transportation during the last 14 days? Yes or No

Note: The Clinical Course of Covid-19:

The clinical course for Covid-19 (known at this time): From 2 to 11 days after exposure (day 5 on average) flu-like symptoms appear. Common are fever, headache, dry cough, myalgias (back pain), nausea without vomiting usually, abdominal discomfort with some diarrhea, loss of smell, fatigue.

(A 14-day-period of time after possible exposure is considered the safe waiting period.)

Informed Consent and Promise To Call

We have taken innovative and extraordinary measures to prevent Covid-19 transmission in our office – very effectively mitigating aerosols and splatter. We have excellent infection control measures.

These measures are outlined in Dr Bain’s Covid-19 Safe Dentistry Field Guide©. Safety and caring for people are top priorities.

Transmission of Covid-19 can occur readily when people are close to people. We ask that you to maintain social distancing from other guests while in our office.

We, however, cannot perform dental care for you from 6 feet away.

Our safety precautions will be top tier and will be very evident.

*It is very important that you call us if you develop any Covid-19 symptoms within the 14 day period of being in our office. Developing symptoms within that 14-day period could possibly indicate that you were an asymptomatic carrier of Covid-19 while in our office. We need to know that.

I attest that my answers to the screening questions are true, that I will maintain social distancing of 6 feet from other people within the office except with my treatment providers, and that I promise to call if I develop Covid-19 symptoms within 14 days of being within the dental office.

Patient name (print)_____Parent/Guardian:_____

Signature:_____ Date:___/___/___