

## Coronavirus COVID-19: Patient Risk Survey

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

DOB: \_\_\_\_\_

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

### Verbal Screening:

- |   |     |    |
|---|-----|----|
| 1. Have you traveled outside of the U.S. in the past 30 days?           | Yes | No |
| 2. To your knowledge, have you been in contact with a COVID-19 patient? | Yes | No |
| 3. Are you experiencing any of the following flu-like symptoms?         |     |    |
| a. Shortness of breath  | Yes | No |
| b. Fever  | Yes | No |
| c. Cough  | Yes | No |

### Visual Screening:

Please complete visual assessment based on patient's physical appearance:

- |                       |     |    |
|-----------------------|-----|----|
| • Coughing            | Yes | No |
| • Sneezing/runny nose | Yes | No |
| • Pale skin           | Yes | No |
| • Fatigued            | Yes | No |
| • Sweating            | Yes | No |

### **Patient Notice to Reschedule:**

**Verbiage:** Hi, it does not appear that you are feeling well today. Dr. \_\_\_\_\_ is recommending that you seek further medical evaluation, considering the Coronavirus, for your health and safety. I am going to help reschedule your visit at least two weeks from today. For your safety, if you are still not feeling well, please give us a call and we can push your visit back until you feel better. How does \_\_\_\_\_ at \_\_\_\_\_ work for you?

### **Confirmation Calls: Every Patient, One Day Prior to Visit**

**Verbiage for confirmations:** Hello, this is \_\_\_\_\_ from (insert practice name). I am calling to remind you of your dental appointment on \_\_\_\_\_ at \_\_\_\_\_. We want you to know that we follow the highest standard of infection control procedures and are committed to your health and safety. If you have traveled outside of the U.S. within the past 30 days or are experiencing flu like symptoms, we are happy to reschedule your visit for a time when you are feeling better. We are happy to return a call to confirm at \_\_\_\_\_. Thank you and have a nice day.