



Gables Perfect Smile is abiding by the CDC and ADA regulations. Your safety and our Staffs are our Priority as we have implemented New Protocols to adapt to the COVID-19 changes. We will continue to make any necessary updates and changes to our office and structure to better serve our patients.

## ADHA COVID-19 PATIENT SCREENING QUESTIONNAIRE

\*Indicate Yes or No and provide relevant comments

Patient Name:

Date:

Filled out by:

### Screening Questions

Do you have a fever, or have you felt feverish recently?

Do you have a cough?

Are you having shortness of breath or any difficulty breathing?

Do you have chills or repeated shaking with chills?

Do you have any muscle pain?

Do you have any recent onset of headache or sore throat?

Do you have any other flu-like symptoms?

Do you have any recent loss of taste or smell?

Have you experienced any recent GI upset or diarrhea?

Are you in contact with anyone who has been confirmed to be COVID-19 positive?



Have you traveled in the past 14 days to any regions affected by COVID-19?

Are you over the age of 65?

Do you have:

Heart disease

Lung disease

Kidney disease

Diabetes

Autoimmune disorders

Any Comments:
