



BLUE RIDGE

DENTAL GROUP

PRE-APPOINTMENT CHECKLIST - PLEASE LET US KNOW IF YOU ANSWER "YES" TO ANY OF THESE QUESTIONS

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| Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)? | Yes No |
| Are you/they having shortness of breath or other difficulties breathing? | Yes No |
| Do you/they have a cough? | Yes No |
| Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue? | Yes No |
| Have you/they experienced recent loss of taste or smell? | Yes No |
| Are you/they in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should postpone elective treatment.</i> | Yes No |
| Is your/their age over 60? | Yes No |
| Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders? | Yes No |
| Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location) | Yes No |