

COVID-19 PATIENT TRIAGE QUESTIONS

PATIENT NAME: _____

DOB: _____

PHONE NUMBER: _____

AGE: _____

QUESTIONS:	PRE-SCREEN DATE: _____		ARRIVAL DATE: _____	
1. Have you ever been diagnosed with COVID-19? Date of diagnosis: _____	YES	NO	YES	NO
2. Do you live with or care for someone who has COVID-19?	YES	NO	YES	NO
3. Have you had a fever greater than or equal to 100.4° (T≥100.4 °F) in the past 48 hours?	YES	NO	YES	NO
4. Do you have a sore throat?	YES	NO	YES	NO
5. Do you have a cough?	YES	NO	YES	NO
6. Are you experiencing any shortness of breath or difficulty breathing?	YES	NO	YES	NO
7. Have you recently lost your sense of taste/smell?	YES	NO	YES	NO
8. Have you experienced vomiting or loose stools recently?	YES	NO	YES	NO
9. Do you have a headache, body, or muscle aches?	YES	NO	YES	NO
10. Have you traveled outside of your county in the past 14 days? If yes, where? _____	YES	NO	YES	NO
11. Do you have heart, kidney, or lung disease?	YES	NO	YES	NO
12. Do you have any other condition that might increase your risk of infection such as cancer or diabetes?	YES	NO	YES	NO

This serves as a basic template. Additional questions regarding health issues may be added based on the professional opinion of the dentist.

Any positive responses need to be reviewed by the dentist. If the patient has a temperature, the advice to follow-up with their personal healthcare provider may be the most common response, but temperature alone could be an indication of a dental issue that should be further evaluated.