

Sunrise Dental Chapel Hill Dinah B Vice DDS PA

1801 East Franklin St
Chapel Hill, NC 27514
919-929-3996

Patient Name: _____

PRE-APPOINTMENT

IN-OFFICE

DATE:

DATE:

Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	YES ____ NO ____	YES ____ NO ____
Are you/they having shortness of breath or other difficulties breathing?	YES ____ NO ____	YES ____ NO ____
Do you/they have a cough?	YES ____ NO ____	YES ____ NO ____
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	YES ____ NO ____	YES ____ NO ____
Have you/they experienced recent loss of taste or smell?	YES ____ NO ____	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 consider postponing elective treatment</i>	YES ____ NO ____	YES ____ NO ____
Is your /their age over 60?	YES ____ NO ____	YES ____ NO ____
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	YES ____ NO ____	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 ____	YES ____ NO ____

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.