

Cemaes Bay Dental Practice

Pre-attendance COVID Screening Checklist

Patient Name:		DOB:	
Pt Phone		Alt Ref:	
Address:	E-mail Address:		

Do you have any dental problems / purpose of visit?	
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Please complete the following questions about COVID-19		YES	NO	Notes
Do you have any of the following symptoms?	- high temperature or fever?			
	- new, continuous cough?			
	- loss or alteration of taste?			
Have you or any member of your household/family had a confirmed diagnosis of COVID-19 in the last 10 days?				
Are you or any member of your household awaiting a COVID-19 PCR test result?				
Have you travelled internationally in the last 10 days to a country that is on the government Red list?				
Have you or any member of your household/family been told to isolate by any NHS organisation in the last 10 days?				
<u>Patients who answer yes to any of the above are on the respiratory pathway.</u>				
Have there been any changes to your general health since your last visit to the practice?				
Are there any changes to medication you may be taking? (If changes please list all medication, you may be taking)				

Practice Use Only			
C-19 Risk Assessment (SEE SOP's for definition)	Non-respiratory Pathway		Normal SICIP operation
	Respiratory Pathway		Clinical Assessment Defer / reappoint if possible.

Next Appointment: [patient.nextapptprovider]; [patient.nextapptdate] at [patient.nextappttime]

(If no shaded boxes, GDC registrant can sign below: If shaded box(es) ticked, treating clinician must review form before patient admitted to practice)

Form completed by:

GDC Number:

Date: