NEWINGTON FAMILY DENTISTRY 860.666.7910
365 Willard Avenue
Newington, CT 06111
(o)860-666-7910 (f)860-666-8441
www.newingtonfamilydentistry.com
Dr. Theodore J. Adamidis, DMD

COVID PATIENT SCREENING FORM

Patient Name: _____ Date: _____

Temperature: _____

1. Do you have a fever or have you/they felt hot or feverish recently (14-21 days)?	Yes ☐	No ☐
2. Are you having shortness of breath or other difficulties breathing?	Yes ☐	No ☐
3. Do you have a cough?	Yes ☐	No ☐
4. Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	Yes ☐	No ☐
5. Have you experienced recent loss of taste or smell?	Yes ☐	No ☐
6. Are you in contact with any confirmed COVID-19 positive patients?	Yes ☐	No ☐
7. Is your age over 60?	Yes ☐	No ☐
8. Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	Yes ☐	No ☐
9. Have you traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location) If yes, see question number 10.	Yes ☐	No ☐
10. If you have tested positive for COVID-19 within the 14 days, are you able to provide current negative results for our records?	Yes ☐	No ☐

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

For testing, see the list of State and territorial Health Department Websites for your specific area's information.