



## Patient Screening Questionnaire

Covid-19

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Temperature Reading: \_\_\_\_\_

*Must be below 100.4 degrees*

Do you currently, or have you experienced within the past 14 days, any of the following symptoms?

Coughs: Yes \_\_\_\_\_ No \_\_\_\_\_

Difficulty Breathing/Shortness of Breath: Yes \_\_\_\_\_ No \_\_\_\_\_

Fever: Yes \_\_\_\_\_ No \_\_\_\_\_

Sore Throat: Yes \_\_\_\_\_ No \_\_\_\_\_

Loss of Smell or Taste: Yes \_\_\_\_\_ No \_\_\_\_\_

Diarrhea, Nausea, or Other GI Symptoms: Yes \_\_\_\_\_ No \_\_\_\_\_

In the past 14 days, have you been in contact with a known COVID-19 (Coronavirus) patient?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you traveled outside the United States by air or cruise ship in the past 14 days?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you traveled within the United States by air, bus or train within the past 14 days?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Please be aware:**

The following patients are discouraged from receiving any dental care other than essential care (for an issue that could become an emergency if treatment is delayed) or emergency care due their high risk status as defined by the Centers for Disease Control:

- Patients age 65 or older
- Patients who are pregnant
- Stroke survivors
- Patients who are immunocompromised or who have other chronic health conditions including but not limited to the following:
  - Lung disease (including asthma)
  - Lupus
  - Diabetes
  - HIV
  - Chronic heart disease

Hill Country Dental Associates

# You'll Notice Some Changes During the Covid-19 Pandemic

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**We're going above and beyond our already stringent infection control protocols to keep you safe, healthy, and happy during your visit.**

## **Here's how:**

### **Before Your Appointment:**

- Your entire HCDA team is having their temperatures checked twice daily.
- Each day, HCDA team members must be able answer NO to all questions on our COVID-19 Screening Form in order to work.
- When you schedule your appointment, we'll review our COVID-19 screening questions with you.
- If you've "opted in," our Covid-19 Screening Form will be sent to you digitally on the day of your appointment.
- Plan to come to your appointment by yourself. (Of course, parents, guardians and caregivers are welcome when assistance is needed.)
- Plan to arrive for your appointment no more than 5 minutes early.
- When you arrive, please text (preferred) or call us at 830-257-3000 to let us know. We'll respond to let you know when it's your turn to enter the building.
- We are using secure digital communications as much as possible to reduce "shared paperwork" and streamline your time in the office.

**Please join us in this effort by "opting in." Call us at 830-257-3000 for more information.**

### **Inside the office:**

- Your temperature will be checked with a "no-touch" forehead thermometer.
- Water fountains have been disabled (bottled water is available).
- Over half the seating in the waiting room has been removed.
- Remaining waiting room seating has been arranged to promote social distancing.
- Magazines, books, community computers and games have been removed.

- Plexiglass shields have been placed at the check-in and check-out counters.
- Social distancing signs have been placed in the office.
- A one-way patient flow pattern through the office will be observed.
- Cleaning and disinfection of common areas and restrooms will be performed at least hourly if not more frequently.

**In the Clinical Areas:**

- We are installing medical grade H13 HEPA filtration systems in each treatment room.
- We'll offer you a pre-procedure rinse.
- We'll utilize KN95 masks for any clinical procedure that may generate aerosols.
- Your clinical team will wear face shields when appropriate.
- You'll notice more infection control barriers in the clinical spaces.
- We'll continue to maintain our rigorous cleaning, disinfection and sterilizing processes to keep you safe!