

William S. Neale, BA, DDS, MS

Date: _____ 2021

COVID-19 SCREENING Questionnaire

for: _____

first name, last name

<i>Please help us keep everyone safe by completing this initial screening form.</i>	Pre-Appointment		In-Office	
Do You Have:				
A) Fever (or felt hot or feverish) past 2-3 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Shortness of Breath, or other breathing difficulty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) a Cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Flu-Like symptoms? (Headache, Muscle Ache, Fatigue, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) G.I. Upset (Diarrhea, Nausea, Vomiting)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Recent Loss of Taste or Smell?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Disease of the Heart, Lungs, Kidneys, Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) an Auto-Immune Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAVE YOU BEEN:				
I) in Contact with a confirmed COVIT-19 positive person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you over 60 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
temperature today				

When you arrive to the parking lot in front of the office, please call 940-322-0758 to announce your arrival.

We want to maximize social distancing between patients (entering and exiting) and staff members by coordinating arriving & dismissing patients.

If possible, please bring you own face mask and writing pen.

Thank you for understanding.

Bill Neale, DDS, MS & TEAM