

Bowen Family Dentistry			
Pre-Appointment Screening Questionnaire			
Patient:	Date:		
Temperature:			
		Yes	No
Have you had a fever or felt hot or feverish in the last 2 weeks?			
Do you have a cough?			
Do you have any other flu-like symptoms, such as, gastrointestinal upset, headache, chills, aches, sore throat or fatigue?			
Have you experienced a recent loss of smell or taste?			
Are you in contact with any confirmed COVID-19 positive patients?			
Do you have:			
• Age greater than 60 years old?			
• Heart Disease?			
• Lung Disease?			
• Kidney Disease?			
• Auto-immune disorders?			
• Diabetes?			
• Obesity?			
In the past 2 weeks, have you traveled out of state, or have you been to any regions in Kansas affected by COVID-19?			

If you answered yes to any of the following questions, please consult with a staff member before proceeding.