

Concord Dental Care P.C. Coronavirus (COVID-19) Patient Triage Process

Name: _____

Date _____

Have you been diagnosed with coronavirus (Covid-19) Yes ___ No___

Have you been diagnosed as a person under investigation for coronavirus? Yes___ No___

Do you have a cough, or have you had a cough in the last 48 hours? Yes___ No___

Do you have a fever, or have you had a fever in the last 48 hours? Yes___ No___

Have you had close contact with an individual diagnosed with COVID-19? Yes___ No___

Have you travelled out of the country in the last six months? Yes___ No___

If so, where have you travelled and when? _____

FOR STAFF ONLY

Reviewed By: _____

Patient Temperature _____