

VILLAGE DENTAL COVID-19 HEALTH QUESTIONNAIRE

The health and safety of everyone working and visiting Village Dental for dental treatment is our top priority. Please complete this questionnaire to help prevent the spread and exposure to Covid19. If you answer "yes" to any questions, we respectfully request that you reschedule your appointment or request a telephone consultation. If you answer "no" to these questions and plan to proceed with your visit, please email this completed document back to info@villagedental.org.uk

Each patient needs to come to the practice for their treatment alone. Only children under 15 years of age or carers of an elderly patient will be allowed to be accompanied.

On the day of your appointment, please continue to practice social distancing, bring a mask and hand sanitizer.

Patient Name: *

Title

Surname

First Name

Additional Details *

Mobile Number

Planned Date of appointment

Scheduled Time of appointment

SELF DECLARATION BY PATIENT

Have you been diagnosed with COVID-19 within 14 days of your visit to Village Dental Practice? *

Yes

No

Have you been in contact with someone who has been diagnosed with COVID-19 within 14 days of your visit to Village Dental Practice? *

Yes

No

Have you experienced any of the following symptoms; within 14 days of your visit to Village Dental Practice? *

Yes

No

Tick symptoms found within 14 days *

High temperature

Dry persistent cough

Anosmia - loss of taste and smell

Sore throat

Headache and body aches

Chills

Diarrhoea

Difficulty breathing

Feeling weak

Blocked nose

None of the above

Have you visited any facility or location with confirmed Covid-19 Cases *

Yes

No

Have you travelled abroad in the last 14 days ? *

Yes

No

If the answer to any of the above questions is “yes,” access to the practice will be denied and please defer your visit. If you answer “no,” please proceed. Thank you.

If you feel unwell and are displaying the majority of the symptoms listed in section 4, particularly the first three, you should stay at home and follow the current Government guidelines.

Signature

Date