



**WALNUT CREEK DENTAL**  
MASSOOD DARVISHZADEH, DDS

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Walnut Creek, CA 94596  
**walnutcreekdental.net**

## Patient Screening Form

Please complete before attending your appointment

**Patient Name**

First Name

Last Name

**Date**



Date

\*

	PRE- APPOINTMENT	IN- OFFICE
1.) Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	<input type="checkbox"/>	<input type="checkbox"/>
2.) Are you/they having shortness of breath or other difficulties breathing?	<input type="checkbox"/>	<input type="checkbox"/>
3.) Do you/they have a cough?	<input type="checkbox"/>	<input type="checkbox"/>
4.) Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/>	<input type="checkbox"/>
5.) Have you/they experienced recent loss of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
6.) Are you/they in contact with any confirmed COVID-19 positive patients? Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.	<input type="checkbox"/>	<input type="checkbox"/>
7.) Are you/they in contact with any confirmed COVID-19 positive patients? Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.	<input type="checkbox"/>	<input type="checkbox"/>
8.) Is your/their age over 60?	<input type="checkbox"/>	<input type="checkbox"/>
9.) Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/>	<input type="checkbox"/>
10.) Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	<input type="checkbox"/>	<input type="checkbox"/>

**Signature (use a mouse/touchpad or a finger on touch screens)**

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Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment. For testing, see the list of [State](#)

[and Territorial Health Department Websites](#) for you specific area's information.

Submit

