

COVID-19 PRE-SCREENING & CONSENT

Prior to your visit to our dental practice we would be grateful if you would read and complete this form, which we will retain within your records.

1. PRE-SCREENING

Please tick all boxes to confirm you understand the following:

- I am not shielding
- I am not currently positive for COVID-19
- I am not waiting for the results of a laboratory test for the novel coronavirus.
- I have not returned to the UK from any country in the past 14 days
- I have not been identified as a contact of someone who has tested positive for COVID-19 or been asked to self-isolate by any government health agency.
- I have not been, or live with a person contacted by Covid-19 NHS test and trace
- I do not have any of the following symptoms of COVID-19, as identified by the NHS:
 - **High temperature** – this means you feel hot to touch on your chest or back (> 37.8 degrees Celsius)
 - **New, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
 - **Loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

2. RISK REVIEW

We are following guidelines produced by the NHS England to minimise the transmission of COVID-19. However we want to ensure you have weighed up the benefits of coming in to the dental practice for treatment against the risk of contracting COVID-19.

Please tick all boxes below to confirm you understand the following:

- It is not possible to have dental treatment and follow the 2 metre social distancing guidelines from Public Health England (PHE). I will have a face mask or appropriate face covering before entering the practice.
- There is a limited range of dental treatments available whilst the COVID-19 alert level is high and understand that I may have to return for more definitive treatment at a later stage.
- Dental procedures create an aerosol which is one way in which COVID-19 can spread.

3. CONSENT

- I verify the information that I have provided on this form is truthful and accurate.
- I will be charged an urgent NHS fee (unless I am exempt from NHS charges) for an assessment even if Dental treatment has not been carried out. This will be prepaid before arrival at the practice.
- I consent to have dental treatment during the COVID-19 pandemic.

Signature of Parent/Guardian: _____

Print Name : _____ Date: _____

PLEASE RETURN THIS FORM COMPLETED BY EMAIL to bridge.dental1@nhs.net so we can arrange your dental appointment.