Lakeview Dentistry of Charlevoix, P.C. Melissa S. Makowski, D.D.S.

PATIENT NAME:_____TEMP_____**PULSEOX**_____

Are you currently awaiting results of a covid-19 test or been in contact with a confirmed covid-19 positive patient?

Yes No

Do you have fever, or have you felt hot or feverish recently (14-21 days)?

Yes No

Do you have any shortness of breath or other difficulties breathing?

Yes No

Do you have a cough?

Yes No

Have you experienced headaches, fatigue, or weakness or any other flu-like symptoms, such as gastrointestinal upset?

Yes No

Have you lost your sense of taste or smell?

Yes No

Do you have sneezing, watery eyes, sinus pain/pressure that unusual and not related to seasonal allergies?

Yes No

Within the last 14 days, have you travelled to any foreign country?

Yes No

Within the last 14 days, have you travelled within the United States?

Yes No

If so, Where?

Do you have redness or pain in your toes?

Yes No
