ANDREW SCOTT

DENTAL CARE

At Andrew Scott Dental Care, the wellbeing of our clients and staff is of utmost importance. We would be grateful if you could take time to complete this form as fully as possible to ensure we can provide your treatment safely.

Title:	Forename	Surname
Date of Birth	Mobile	

*If you are filling out this form on behalf of the patient, please also enter your own details below.

Name:
Relationship to patient Parent / Guardian / Carer / Sibling / Other:

*If you are attending with someone else the accompanying person will also require to complete this form. Please submit a completed form for every person who will be entering the practice, without a completed form entry will not be granted.

Have you tested positive for Covid-19 in the last 7 days?	
Are you waiting for a Covid-19 test or the results?	
Do you have any of the following symptoms?	
New, continuous cough?	
*A new, continuous cough means coughing for longer than an hour, or three or more coughing episodes in 24 hours. If you usually have a cough, it may be worse than usual.	
High temperature or fever?	
Loss of, or change in, sense of smell or taste?	
Do you live with someone who has either tested positive for Covid-19 or had symptoms of Covid-19 in the last 14 days?	

Many procedures have been put in place by Andrew Scott Dental Care to make the risk of contracting Covid-19 very low. However, it can never be zero. I consent to accepting this risk by signing below:

Signature:	Date: