

## Covid Triage and Consent form

### 1) Please answer these patient triage questions before your appointment at Brace Place:

- a- Have you or anyone in your household experienced any symptoms of Covid-19 in the last 10 days including fever, chills, cough, sore throat, blocked or runny nose, headache, shortness of breath or trouble breathing, persistent muscle pain/body aches, tightness in the chest, fatigue, nausea or diarrhea or new loss of taste or smell?  
Answer \_\_\_\_\_
  
- b- Have you or anyone in your household been diagnosed with Covid-19 or waiting on a test to confirm whether you have Covid-19?  
Answer \_\_\_\_\_
  
- c- Have you been in contact with Coronavirus infected patients in the past 10 days, including those from your own household, within healthcare, or in residential homes?  
Answer \_\_\_\_\_
  
- d- Have you been asked to isolate?  
Answer \_\_\_\_\_
  
- e- Have you travelled from a different country in the last 10 days?  
Answer \_\_\_\_\_
  
- f- Do you have any of the following chronic conditions: heart disease, lung disease (including asthma), liver disease, kidney disease, diabetes, immune disorders, or any form of cancer?  
Answer \_\_\_\_\_

2) As with the transmission of any communicable disease like a cold or the flu, you may be exposed to Covid-19, also known as Corona Virus, at any time or at any place. Be assured that we have always followed government regulations on health safety and infection control and to limit transmission of all diseases in our practice and will continue to do so. Despite our careful attention to sterilisation, disinfection, use of personal barriers there is still a chance that you could be exposed to an illness in our practice, just as you might be in any public place (supermarket, pharmacy, etc.). Due to the nature of the procedures, we provide, it is not possible to maintain social distancing between the patient, the orthodontist and orthodontic staff and sometimes other patients at all times.

**- Although exposure is unlikely, do you accept the risk and consent to treatment? Please tick the box below:**

Yes

### 3) Please answer the following consent. Write your name in capital letters in the space.

I [ \_\_\_\_\_ ] give consent to attend the appointment and I consent to Dr Bou Saba or a member of the clinical team to examine me and give any necessary care and treatment as appropriate.

*Please note: you may choose to accompany your child to the appointment but only one member of the family can accompany the patient and wait outside the clinical areas. Please inform reception if you have any questions or concerns. Please wear a mask in the communal areas.*