**Name DOB**

**Please Delete as appropriate:**

1. Have you been in contact with any persons who are unwell or have COVID-19 Symptoms in the last 14 days? **YES / NO**

2. Do you, or anyone in your household, have a temperature is excess of [37.8] degrees or a fever? **YES / NO**

3. Do you or anyone in your household have a persistent 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). **YES / NO**

4. Have you, or anyone in your household, recently developed a loss of or change in your normal sense of smell or taste? **YES / NO**

5. Are you in a government defined vulnerable/shielded group (clinically extremely vulnerable or clinically vulnerable) or over 70 years of age? **YES / NO**

If you have answered **YES** to **any** of the questions above please contact the practice on **01582 571074** **BEFORE YOU ATTEND THE PRACTICE**

**Before your appointment**

We will send you an email including:

* A Medical History form
* COVID-19 Symptoms Poster
* COVID-19 Screening questions
* What to expect when you attend the Practice.
* Chaperone Policy
* GDPR Policy
* NHS PR Form

Please complete all documents before your appointment, sign and email back to us at [sundondental.practice@nhs.net](mailto:sundondental.practice@nhs.net) with your initials and DOB in the subject line. If you are taking any medicines please include a list of these in your email.

If you pay for your dental treatment a charge of £22.70 (Urgent treatment) will be payable over the telephone prior to the appointment.

Our first appointments will be for emergency treatment only, we will not be able to provide all care from the start.  We are still currently providing telephone support and advice.

**Upon Arrival** Please call the practice from outside and stand behind the 2 metre white line on the ground. Our door will be locked, so only expected patients can enter. Please note there will not be any toilet facilities available at the practice.

Please Arrive alone and on time (rather than early) to minimise your waiting time. Please bring your own face covering/mask with you. Please do not bring any personal belongings with you, please provide your own pen for signing of documents.

You will be asked to sanitise your hands upon arrival and asked to wear a protective face mask and shoe covers. Please bring your own face covering/mask with you.

* There will be floor markings for social distancing and Perspex screens at reception.
* The waiting room, hallway, banisters, doors and door handles will all be cleaned frequently and anything that isn't easy to disinfect has been removed.
* Post-appointment instructions will be emailed.

Please sign and date below and email to [sundondental.practice@nhs.net](mailto:sundondental.practice@nhs.net)

Signed Date