

We use this form to screen patients before their appointment and when they arrive for their appointment.

Staff screener: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient age: \_\_\_\_\_

Who answered:  Patient  Other (specify) \_\_\_\_\_

Contact Method:  Phone  email  Other \_\_\_\_\_

Please answer the following questions 1-9 Pre-Screen before appointment.

Screening Questions	Pre-Screen		In-Office	
	YES	NO	YES	NO
1. Do you have a fever or have felt hot or feverish anytime in the last two weeks?  Patient temperature at appointment: _____. If elevated, provide mask to patient.				
2. Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Sneezing? Post-nasal drip?				
3. Have you experienced a recent loss of smell or taste?				
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?				
5. Have you returned from travel outside of Canada in the last 14 days?				
6. Have you returned from travel within Canada from a location known affected with COVID-19?				
7. Is your workplace considered high risk?				

**Patient Vulnerability**

8. Are you over the age of 70?	YES	NO	YES	NO
9. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?	YES	NO	YES	NO

- Any "yes" response for questions 1-7 must be discussed with the managing dentist immediately.
  - When patients arrive at the office, they will be asked to: sanitize their hands; answer the questions again; have their temperature taken; complete a form acknowledging the risk of COVID-19.
- Advise the patient:
  - Only patients are allowed to come to the office.
  - If possible to wait in their car until their appointment, call the office when they arrive.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_