
Patient Pre-screening Form

Staff screener:

Patient Name:

Patient age:

Identify yourself and explain the purpose of the call, which is to determine whether there are any special considerations for their dental appointment. Have the patient answer the following questions.

- | | | |
|---|-----|----|
| 1. Do you have a fever or have felt hot or feverish anytime in the last two weeks? | Yes | No |
| 2. Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? | Yes | No |
| 3. Have you experienced a recent loss of smell or taste? | Yes | No |
| 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? | Yes | No |
| 5. Have you returned from travel within Canada from a location known affected with COVID-19? | Yes | No |
| 6. Is your workplace considered high risk? | Yes | No |
| 7. Are you over the age of 65? | Yes | No |
| 8. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder? | Yes | No |