

Covid19 – Screening Questionnaire for Clients

All clients will be pre-screened over the phone prior to appointment and upon arrival of their appointment. The questions to be answered include:

- | | By Phone: | In office: |
|---|--|--|
| 1. Have you been in contact with anyone who has acute respiratory illness? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you travelled outside of Ontario over the last 14 days? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you been a confirmed case of Covid-19 or have you been in contact with a confirmed case of Covid-19 | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Are you experiencing any of the symptoms:
- Fever
- New onset or worsening chronic cough
- Shortness of breath/difficulty breathing
- Difficulty swallowing
- Soar throat
- Decreased or loss of taste or smell
- Chills
- Headache
- Unexplained fatigue/malaise
- Soar body/muscle aches
- Nausea, vomiting, diarrhea, abdominal pain
- Pink eye
- Nasal congestion without other known cause | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. For individuals over 70, are you experiencing any of The following symptoms:
- Confusion or dizziness
- Sudden change in ability to function
- Worsening chronic conditions | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Patient Signature: _____

Date: _____

Patients Temperature: _____

Normal High/Unable to tx

If all questions are answered “no”, you are considered Covid negative and can proceed with your dental appointment. If any question is answered “yes” than you are considered Covid positive and your appointment will have to be rescheduled until you can meet the criteria for Covid screen negative.