# PLEASE WEAR A MASK TO YOUR APPOINTMENT

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

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.

# Screening Questions

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| --- | --- | --- | --- | --- |
| 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. | YES | NO | YES | NO |
| 2. Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Sneezing? Post-nasal drip? | YES | NO | YES | NO |
| 3. Have you experienced a recent loss of smell or taste? | YES | NO | 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 | YES | NO |
| 5. Have you returned from travel outside of Canada in the last 14 days? | YES | NO | YES | NO |
| 6. Have you returned from travel within Canada from a location known affected with COVID-19? | YES | NO | YES | NO |
| 7. Is your workplace considered high risk? | YES | NO | YES | NO |
| 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 |

* **For Any “YES” response for questions 1-9, you must call the office at 604-596-3384 immediately.**

**As your appointment may need to be re-booked until you are well again**.

* + When the patient arrives 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.
	+ 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. Staff screener:

Who answered: Patient Other (specify)

Contact Method: Phone email Other

**Upon completion of this form, please send it to us at** **info@nordeldentalclinic.com****.**