

# Patient Screening Form

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 \_\_\_\_\_

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   | Pre-Screen  | In-Office   |
|---|---|---|
| Do you have a fever or have felt hot or feverish anytime in the last two weeks?<br><br>Patient temperature at appointment: _____. If elevated, provide mask to patient. | YES NO<br><input type="radio"/> <input type="radio"/> | YES NO<br><input type="radio"/> <input type="radio"/> |
| Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose?   | YES NO<br><input type="radio"/> <input type="radio"/> | YES NO<br><input type="radio"/> <input type="radio"/> |
| Have you experienced a recent loss of smell or taste?   | YES NO<br><input type="radio"/> <input type="radio"/> | YES NO<br><input type="radio"/> <input type="radio"/> |
| 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<br><input type="radio"/> <input type="radio"/> | YES NO<br><input type="radio"/> <input type="radio"/> |
| Have you returned from travel outside of Canada in the last 14 days?  | YES NO<br><input type="radio"/> <input type="radio"/> | YES NO<br><input type="radio"/> <input type="radio"/> |
| Have you returned from travel within Canada from a location known affected with COVID-19?   | YES NO<br><input type="radio"/> <input type="radio"/> | YES NO<br><input type="radio"/> <input type="radio"/> |
| Are you over the age of 60?   | YES NO<br><input type="radio"/> <input type="radio"/> | YES NO<br><input type="radio"/> <input type="radio"/> |
| Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?  | YES NO<br><input type="radio"/> <input type="radio"/> | YES NO<br><input type="radio"/> <input type="radio"/> |

- Any “yes” response must be discussed with the managing dentist immediately.
- Tell the patient when they 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