

Patient Screening Form for COVID-19

Name: _____

Date: _____

	Before Appointment	At Office
	Date: _____	Date: _____
Have you tested positive for COVID-19 or are you awaiting results for a COVID-19 test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any of the following: <ul style="list-style-type: none"> <input checked="" type="radio"/> Fever <input checked="" type="radio"/> Cough <input checked="" type="radio"/> Sore throat <input checked="" type="radio"/> Cold or flu-like symptoms 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you having shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Even if you do not currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or have you in the last 14 days, been in contact with any confirmed COVID-19 positive patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you travelled outside of Canada in the past 14 days, or been in close contact with someone who returned from abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature Check:	_____oC	_____oC

If there is a positive response to any of these, we would recommend discussing with the dentist and team before proceeding with any elective dental treatment.