

All patients are to be screened before their appointment AND when they arrive for their appointment.

Patient Name: [PatientName]

Patient Age: [PatientAge]

Who Answered:[whoanswered]

Other's Full Name :[OtherfullName]

Relationship to Patient:[Relationshippatient]

A dental team member will contact you and identify themselves and will then explain the purpose of the call before your appointment. The reason for this will be to determine whether there are any special considerations for your dental appointment. Please answer the following questions.

#### Screening Questions

Do you have a fever or have felt hot or feverish anytime in the last two weeks?

Before Appointment: [BeforeAppointment]

Please Provide Details:[ProvideDetails1]

Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose?

Before Appointment:[BeforeAppointment1]

Please Provide Details:[ProvideDetails2]

Have you experienced a recent loss of smell or taste?

Before Appointment:[BeforeAppointment2]

Please Provide Details:[ProvideDetails3]

Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?

Before Appointment:[BeforeAppointment3]

Please Provide Details:[ProvideDetails4]

Have you returned from travel outside of Canada in the last 14 days?

Before Appointment:[BeforeAppointment4]

Please Provide Details:[ProvideDetails5]

Have you returned from travel within Canada from a location known affected with COVID-19?

Before Appointment:[BeforeAppointment5]

Please Provide Details:[ProvideDetails6]

Are you over the age of 60 and have any underlying health conditions?

Before Appointment:[BeforeAppointment6]

Please Provide Details:[ProvideDetails7]

Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?

Before Appointment:[BeforeAppointment7]

Please Provide Details:[ProvideDetails8]

Patient Signature: [PatientSignature]

Date Signed : [DateSigned]

This e-mail was sent from a contact form on (<https://tsoralhealth.com>)