BARLOW•SMISEK

DENTISTRY

Patient Screening Form

Name:____________________________

Date:_____________________________

Please answer the following questions the day before your appointment and bring this form to your appointment (we will repeat the questions in the second column when you arrive):

	_________ Date		_________ Date	
Do you have a fever of have felt hot or feverish in the last two weeks?	Y	N	Y	N
Do you have any of these symptoms: Dry cough, shortness of breath, Difficulty breathing, Sore throat, Runny nose?	Y	N	Y	N
Have you experienced a recent loss of smell or taste?	Y	N	Y	N
Have you been in contact with any confirmed COVIS-19 positive patients or persons self-isolating because of a determined risk for COVID-19?	Y	N	Y	N
Have you returned from travel outside Canada in the last 14 days?	Y	N	Y	N
Have you returned from travel within Canada from a location known affected with COVID-19?	Y	N	Y	N
Are you over age 60?	Y	N	Y	N
Do you have any of the following: Heart Disease, Lung Disease, Kidney Disease, Diabetes or any Auto-immune Disorder?	Y	N	Y	N

As a reminder, when you arrive at the office, you should be wearing your own mask and call 519-273-1402 from outside prior to entering. Someone will meet you at the door with a thermometer to check your temperature, instructions and hand-sanitizer. Please do not touch anything that is not your own in the office after entering. Only the patient is to be allowed in unless a Care-giver is essential. The Care-giver must also wear a mask. It is better for all of us if you do not need to use the bathroom.

I verify the information I have provided on this form is truthful and accurate.

____ ______________________________

SIGNATURE OF PATIENT DATE