Patient Screening Form Danforth Dental Care

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

Patient Name:	Patient age:		
Who answered: _ Patient _ Other (specify)			
Contact Method: Phone email Other			
When coming to the office:			
Please wear a mask. Please sanitize your hands. Yo	our temperature will be tak	cen when you ar	rive.
Screening Questions		Pre-Screen date	In-Office Staff init:
Do you have a fever or have felt hot or feverish any time in the last 2 weeks?		YES NO	YES NO
Do you have any of these symptoms: Dry cough? Shortness of breath?			
Difficulty breathing? Sore throat? Runny nose?			
Have you experienced a recent loss of smell or taste?			
Have you been in contact with any confirmed COVID-19 positive patients,			
or persons self-isolating because of a determined risk f	or COVID-19?		,
Have you returned from travel outside of Canada in the	last 14 days?		
Have you returned from travel within Canada from a lo	cation known		
affected with COVID-19?			
Are you over the age of 75?			
Do you have any of the following? Heart disease, lung	disease, kidney		
disease, diabetes or any auto-immune disorder?			
I understand the novel coronavirus causes the disease known as incubation period during which carriers of the virus may not show ultra-fine nature of the spray can linger in the air for minutes to see [Initial] I understand that due to the frequency of visits of other dental procedures, that I have a small but eleval dental office. [Initial]	v symptoms and still be conta cometimes hours, which can t patients, the characteristics o	agious. I understan ransmit the novel f the novel corona	d that dental coronavirus. virus, and the
FOR OFFICE USE			
Pre-screen date and staff name:			
In office screen date and staff name:			
Temperature reading and date:			