

# CENTRAL BURLINGTON DENTAL CARE

## 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 \_\_\_\_\_

Temperature: \_\_\_\_\_

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	
Have you travelled outside of Canada in the past 14 days?	YES <input type="radio"/>	NO <input type="radio"/>	YES <input type="radio"/>	NO <input type="radio"/>
Have you tested positive to COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?	YES <input type="radio"/>	NO <input type="radio"/>	YES <input type="radio"/>	NO <input type="radio"/>
Do you have any of the following symptoms: <ul style="list-style-type: none"> <li>Fever</li> <li>New onset of cough</li> <li>Worsening chronic cough</li> <li>Shortness of breath</li> <li>Difficulty breathing</li> <li>Sore throat</li> <li>Difficulty swallowing</li> <li>Decrease or loss of sense of taste or smell</li> <li>Chills</li> <li>Headaches</li> <li>Unexplained fatigue/malaise/muscle aches (myalgias)</li> <li>Nausea/vomiting, diarrhea, abdominal pain</li> <li>Pink eye (conjunctivitis)</li> <li>Runny nose/nasal congestion without other known cause</li> </ul>	YES <input type="radio"/>	NO <input type="radio"/>	YES <input type="radio"/>	NO <input type="radio"/>
If you are 70 years of age or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	YES <input type="radio"/>	NO <input type="radio"/>	YES <input type="radio"/>	NO <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.