

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  Other \_\_\_\_\_

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	
	YES	NO	YES	NO
1. Do you have a fever or have felt hot or feverish anytime in the last two weeks?  Patient temperature at appointment: _____. If elevated, provide mask to patient.	YES	NO	YES	NO
2. Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Sneezing? Post-nasal drip?	YES	NO	YES	NO
3. Have you experienced a recent loss of smell or taste?	YES	NO	YES	NO
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?	YES	NO	YES	NO
5. Have you returned from travel outside of Canada in the last 14 days?	YES	NO	YES	NO
6. Have you returned from travel within Canada from a location known affected with COVID-19?	YES	NO	YES	NO
7. Is your workplace considered high risk?	YES	NO	YES	NO

**Patient Vulnerability**

8. Are you over the age of 70?	YES	NO	YES	NO
9. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?	YES	NO	YES	NO

- Any “yes” response for questions 1-7 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.
- Advise the patient:
  - Only patients are allowed to come to the office.
  - If possible to wait in their car until their appointment, call the office when they arrive.

Please read the patient acknowledgement below, and initial or sign in all areas indicated.

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus <b>may not show symptoms and still be contagious</b> . For this reason, it is recommended to stay home and avoid close contact with other people when at all possible	(Initials)
I understand the federal and provincial governments have asked individuals to maintain social distancing of a least 2 metres (6 feet) and I recognize it is <b>not possible to maintain this distance while receiving dental treatment</b>	(Initials)
I understand that it is possible that oral surgery/dental procedures can create water and/or blood spray, which may be one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus.	(Initials)
I understand that due to the visits of other patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, <b>that I have an elevated risk of contracting AND SPREADING the novel coronavirus simply by being in the dental office.</b>	(Initials)
I confirm that I do NOT have any TWO OR MORE or the following symptoms of COVID-19: fever, new or worsening cough, sore throat, runny nose or headache	(Initials)
I confirm that I have not tested positive for COVID-19.	(Initials)
I confirm that I am not waiting for the results of a test for COVID-19.	(Initials)
I confirm that this is not currently a period where I required to self-isolate for 14 days.	(Initials)
I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.	(Initials)

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Adapted from Dental Association of PEI COVID-19 Pandemic Emergency Dental Risk Acknowledge by Patient.