



DUFFINS CREEK DENTAL
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PATIENT SCREENING FORM

Patient Name: _____ Patient Age: _____
 Who answered: _____ Patient _____ Other (Specify) _____
 Contact Method: _____ Phone _____ Email _____ Other _____
 Staff Screener: _____

SCREENING QUESTIONS	PRE-APPOINTMENT	IN-OFFICE
	DATE:	DATE:
Do you have a fever or have felt hot or feverish anytime in the last 2 weeks? Patient temperature at appt. _____	YES NO	YES NO
Do you have or have been in contact with anyone with these symptoms within the last 14 days : Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Fever?	YES NO	YES NO
Have you experienced recent loss of taste or smell?	YES NO	YES NO
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
Have you been tested for COVID-19 and/or are waiting for the test results?	YES NO	YES NO
Do you live and/or work outside the Durham region?	YES NO	YES NO
Have you returned from travel outside Canada or have been in contact with someone who has travelled outside of Canada in the last 14 days?	YES NO	YES NO
Have you returned from travel within Canada from a known location affected with COVID-19?	YES NO	YES NO
Are you over the age of 60?	YES NO	YES NO
Do you have any of the following: heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	YES NO	YES NO
You, the patient or guardian, confirm that all information given are true and correct. _____ (Signature)		

Please answer all screening questions truthfully and to the best of your knowledge for you own safety as well as the staff, their families and other patients.

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment or the appointment will be rescheduled. Thank you for your cooperation.

When you arrive in the office, you will be asked to:

- Wear booties, sanitize your hands and wear a mask.
- Answer the questions again and have your temperature taken
- Complete a form acknowledging the risk of COVID 19
- Only patients with appointments (and 1 screened guardian for minors only) are allowed to come into the office.
- If possible, call the office when you arrive and wait in the car until the time of your appointment, or you are told to come in.