



DR. FIRIND COX D E N T I S T

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Patient Screening Form

Patient Name: _____ Patient Age: _____

Who Answered: ___ Patient ___ Other (Specify) _____

Contact Method: ___ Phone ___ Email ___ Other (Specify) _____

Screening Questions	Pre-Screen		In-Office	
Staff Screener:	_____		_____	
Do you have a fever or have felt hot or feverish anytime in the last two weeks?	Yes	No	Yes	No
Patient temperature at appointment: _____. If elevated, provide mask to patient.				
Do you have any of these symptoms:				
Fever/Chills	Yes	No	Yes	No
Headaches	Yes	No	Yes	No
Pink Eye (Conjunctivitis)	Yes	No	Yes	No
New onset of cough/Worsening chronic cough	Yes	No	Yes	No
Shortness of breath/Difficulty breathing	Yes	No	Yes	No
Sore throat/Difficulty swallowing	Yes	No	Yes	No
Unexplained fatigue/malaise/muscle aches (myalgias)	Yes	No	Yes	No
Nausea/Vomiting/Diarrhea/Abdominal Pain	Yes	No	Yes	No
Runny nose/Nasal congestion without other known cause	Yes	No	Yes	No
Have you experienced a recent loss of smell or taste?	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 returned from travel outside of Canada in the last 14 days?	Yes	No	Yes	No
Have you returned from travel within Canada from a location known 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 disorder?	Yes	No	Yes	No

Any "yes" response must be discussed with the managing dentist immediately.

Please read the following instructions thoroughly before your appointment:

We require our patients to strictly adhere to the following instructions upon entry to the building:

- **Call the office upon your arrival. We will instruct you to wait in your vehicle or in the foodcourt. We will inform you when we are ready to see you.**
- Only patients are allowed in the office. Individuals accompanying a patient are required to wait outside the clinic unless it is absolutely required (e.g. a parent accompanying a minor or a patient that requires accommodation).

When permitted to enter the office, you must:

- **Wear your own mask at all times**, except during the provision of care (e.g cloth coverings, scarves or other appropriate face coverings is acceptable).
- Thoroughly sanitize hands with 70% alcohol based hand rub (ABHR) upon entry and exit of the clinic.
- Be subject to have temperature taken before entry to the clinic.
- Complete the Patient Screening Form again.
- Complete and sign the Patient Acknowledgement: COVID-19 Pandemic Dental Treatment Consent Form.