

COVID-19 Patient Admission Form

I understand the Novel Corona virus causes the disease known as COVID-19. I understand the Novel Corona virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

Patient In-Office Temperature: _____ Staff Initial: _____

Screening Questions	Pre-Screen	In-Office
<i>Staff Screener (initial)</i>		
Have you had close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?	YES NO	YES NO
Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?	YES NO	YES NO
Do you have any of the following symptoms: - Fever - New onset of cough - Worsening chronic cough - Shortness of breath - Difficulty breathing - Sore throat - Difficulty Swallowing - Decrease or loss of sense of taste or smell - Chills - Headaches - Unexplained fatigue/malaise/muscle aches (myalgias) - Nausea/vomiting, diarrhea, abdominal pain - Pink eye (conjunctivitis) - Runny nose/nasal congestion without other known cause	YES NO	YES NO
Are you 70 years of age or older, experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	YES NO	YES NO
Do you have a concern for a potential COVID-19 infection (e.g. is there an outbreak in the facility, are you awaiting COVID-19 test results, etc.)? *** only for people working in Retirement or Long-Term Care Facility****	YES NO	YES NO

I confirm that to the best of my knowledge I am not currently positive for COVID-19 _____(initial).

I confirm that I am not waiting for the results of a laboratory test for COVID-19 _____(initial).

Email address: _____

Cell # (if current one is not preferable): _____

I verify that the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have dental treatment completed during this COVID-19 pandemic.

By submitting this form you are providing your signature.