"A Tradition of Excellence Continues..."

Dentures
BY DENTURISTS

Patient:

	PRE-APPOINTMENT	IN-OFFICE
Screening Date:		
Did the person have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?*	☐Yes ☐No	☐Yes ☐No
Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?	☐Yes ☐No	☐Yes ☐No
Does the person have any of the following symptoms? *(circle any that apply)* • 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
If the person is 70 years of age or older, are they 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
Person's temperature 37.8^{0}C or greater		☐Yes ☐No

If the response is Yes to any of the above questions, the person has screened Positive. They should be instructed to call their primary care provider or Telehealth Ontario for further instructions.
Telehealth Ontario: 1-866-797-0000

(705) 549-5361

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