

COVID-19 Patient Admission

Patient Name: _____ Date: _____

Family Doctor Name: _____

Family Doctor Phone Number: _____

Family Doctor Address: _____

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.

Screening Questions	Pre-Screening		Office Use	
	Yes	No	Yes	No
1. Do you have a fever or have felt feverish in the last 14 days?	Yes	No	Yes	No
2. Do you have any of the following symptoms: New cough? Worsening chronic cough? Shortness of breath? Difficulty breathing? Sore throat? Difficulty swallowing? Chills? Headaches? Unexplained fatigue, malaise, muscle aches? Nausea/vomiting, diarrhea, abdominal pain? Pink Eye? Runny nose or nasal congestion without other known cause? Decrease or recent loss of smell or taste?	Yes	No	Yes	No
3. Have you had contact with anyone with acute respiratory illness, or anyone who has tested positive for COVID-19 or persons self-isolating because of determined risk for COVID-19?	Yes	No	Yes	No
4. Have you returned from travel outside of Ontario in the last 14 days?	Yes	No	Yes	No
5. Have you been confirmed positive for COVID-19	Yes	No	Yes	No
6. Have you been advised to self-isolate or attended a gathering of greater than 10 people (indoor or outdoor) in the last 14 days?	Yes	No	Yes	No
7. Are you over the age of 60?	Yes	No	Yes	No
8. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes, or any auto-immune disorder?	Yes	No	Yes	No

I confirm that to 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 # _____

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 this COVID-19 pandemic.

Patient Signature

Office use only:

Current Body Temperature: _____ Staff Member: _____