

COVID-19 SCREENING QUESTIONNAIRE



Patient Name:	<input type="text"/>	Birthdate:	<input type="text"/>
Appointment:	<input type="text"/>		

Questions:	Decision Protocol:
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1. Do you have of the below symptoms?		If you have answered Yes to Question 1, you should self-isolate at home immediately and contact local public health authority for further guidance. Do not visit a hospital, physician's office, lab or healthcare facility without speaking to the local public health authority first.
A fever greater than 37.8 C:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
New onset of cough or worsening of chronic cough:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
New or worsening shortness of breath:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
New or worsening difficulty breathing:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sore throat:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Runny Nose:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Have you had chills, painful swallowing, stuffy nose, headache, muscle or joint ache, feeling unwell, fatigue or severe exhaustion, nausea, vomiting, diarrhea or unexplained loss of appetite, loss of sense of smell or taste or conjunctivitis (pink eye) not related to a pre-existing medical condition in the last 24 hours?		If you answer Yes to Question 2 – please self-isolate and monitor your symptoms. Please rebook after 14-days and are symptom free OR when you have been provided clearance from public health.
3. Have you or anyone in your household traveled outside of Canada in the last 14 days?		If you answer Yes to Question 3 regarding travel outside Canada – please re-book after you have completed a 14-day quarantine and are symptom free.
4. Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?		If you answered to YES Question 4, 5, 6 please rebook when you are outside the 14-day timeframe period OR when you have been provided clearance from public health.
5. Are you currently being investigated as a suspected case of COVID-19?		
6. Have you tested positive for COVID-19 within the last 14 days?		

- If you answered **NO** to all of the screening questions please proceed with your appointment.
- If you have answered **YES** to any of the above questions: Please **DO NOT** book and appointment. If you currently have an appointment booked please contact reception immediately to reschedule.

I understand that the treatment may be cancelled at any time if the I do not meet the pre-screening criteria upon physical presentation at the clinic. I understand that although my health care provider is following all the health and safety guidelines outlined by their governing body and the Provincial Health Officer there are no guarantees that I will not come into contact with an individual who is infected with COVID-19. I consent to receiving treatment during the COVID-19 pandemic. I understand the risks associated with close contact with others and by signing this I indemnify Catalyst Kinetics Group, including their staff and health care practitioners, if I contract the COVID-19 virus as a direct result of my treatment.

Signature _____

Date/Time _____

