

## Covid-19 Patient Screening Questionnaire

1. Did the person have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?

YES  NO

2. Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

YES  NO

3. Does the person 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 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

4. 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

If a patient has answered yes to any of these questions, they should be advised to:

- Not attend in person at the our office for at least 14 days;
- Complete the Ontario Government's self-assessment; and
- Contact an appropriate authority such as their family physician, local medical officer of health or Telehealth Ontario.