

COVID-19 Patient Health Questionnaire
Orthodontic treatment in the Era of COVID-19

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If you have been exposed to a communicable disease, you may spread the disease to the practitioner, orthodontic staff, or other patients/parents in the practice. Therefore, prior to each appointment, we will be asking for you to complete this screening form for you, or your child, and return by email (info@bracedinbc.com).

Date questionnaire completed: _____

Patient name: _____

Patient age: _____

Screening form completed by: _____ Patient _____ Other (specify) _____

Screening			
		Pre-Screen	In-Office
Do you have any of the following:			
- Fever	- Runny nose	YES NO	YES NO
- Cough	- Sneezing		
- Sore throat	- Post-nasal drip		
- Shortness of breath	- Loss of smell		
Have you been in contact with someone with COVID-19 in last 14 days?		YES NO	YES NO
Have you had to self-isolate in the last 14 days?		YES NO	YES NO
Have you travelled internationally in the last 14 days?		YES NO	YES NO
Have you returned from travel within Canada from a location known affected with a Covid-19 outbreak?		YES NO	YES NO
Is your workplace (or workplace of your family member living with you) considered high risk?		YES NO	YES NO
Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes, or any auto-immune disorder?		YES NO	YES NO
		Screener Initial	Completed by: Patient / Guardian
Arrival			
Appt Date	Patient Temperature °C	Escort Name & Temperature (if applicable) °C	Staff Screener Initial

I understand that if the answer to any of these questions is yes, I may be asked to reschedule the orthodontic appointment to a later date.

I certify the above to be true. Signature of Patient: _____

Signature of Parent/guardian: _____