



Dr. Derek Hopkins
 Dr. Mark Hopkins
 Certified Specialists in Prosthodontics

Smiling Made Easier
 Implant Esthetic and Restorative Dentistry

Staff Member: _____

Patient: _____ Patient age: _____

Contact Method: ___ Phone ___ email ___ Other _____

Screening Questions	Pre-Screen		In-Office	
1. Do you have a fever or have felt hot or feverish anytime in the last two weeks? Temperature at appointment: _____. <i>If elevated, provide mask to patient.</i>	YES	NO	YES	NO
2. Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Sneezing? Post-nasal drip?	YES	NO	YES	NO
3. Have you experienced a recent loss of smell or taste?	YES	NO	YES	NO
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?	YES	NO	YES	NO
5. Have you returned from travel outside of Canada in the last 14 days?	YES	NO	YES	NO
6. Have you returned from travel within Canada from a location known affected with COVID-19? Have you been in contact with persons who have travelled interprovincially or internationally in the past 14 days?	YES	NO	YES	NO
7. Is your workplace considered high risk?	YES	NO	YES	NO

Vulnerability

8. Are you over the age of 70?	YES	NO	YES	NO
9. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?	YES	NO	YES	NO

- “Yes” responses for questions 1-7 must be discussed with the managing dentist.
 - When patients arrive at the office, they will be asked to: sanitize their hands; answer the questions again; have their temperature recorded and complete a form acknowledging the risk of treatment during COVID-19 pandemic.
- Advise Patients
 - Only patients are allowed to come to the office.
 - If possible to wait in their car until their appointment, call the office when they arrive.