



# Solara Dental Care Pre-screening Questions

These are the pre-screening questions to answer prior to your appointment. We will call you to ask these questions if we don't receive this questionnaire back from you. It is required for us to pre-screen all people who enter our clinic. This helps us ensure a healthy environment for all. Thanks for helping us out with this.

\* Required

1. Please enter your full name: \*

2. Do you have a fever (>38C) or have you felt hot or feverish anytime in the last 10 days? \*

Yes

No

3. Do you have any of these symptoms: New or worsening cough? New or worsening shortness of breath? Difficulty breathing? Sore throat or painful swallowing? Runny nose? \*

Yes

No

4. If you answered "Yes" to any of these questions please explain in the box below:

Enter your answer

5. Have you experienced a recent loss of smell or taste? \*

Yes

No

6. 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

7. Have you returned from travel outside of Canada in the last 14 days? \*

Yes

No

8. Have you traveled, by flight, anywhere within Canada in the last 14 days? \*

Yes

No

9. Have you returned from travel within Canada from a location known affected with COVID-19 in the last 14 days? \*

Yes

No

10. If you have travelled within the past 14 days please specify where in the box below:

Enter your answer

11. Is your place of work considered high risk? (If you are able to physically distance or wear appropriate PPE you can answer "No") \*

Yes

No

12. Are you over the age of 65? \*

Yes

No

13. Do you have any of the following: Heart disease? lung disease (including asthma)? kidney disease, diabetes or any auto-immune disorder? \*

Yes

No

14. If you have any of the above conditions please explain in the box below:

15. Things to know prior to your appointment:

- a. Please remember to wear a mask to your appointment as patients are required to wear one in the common areas.
- b. Wash your hands as soon as you come in through the front doors.
- c. Proceed to the front desk for a temperature check and to complete screening questions and consent forms. All patients and team members are required to complete these daily. NOTE: Please bring reading glasses if you need them to read.
- d. The reception area is setup with limited seating to allow for physical distancing. Please respect the physical distancing throughout the office.
- e. We are also asking patients to come alone when possible and wait in your vehicle until a few minutes before your appointment. This helps us minimize the number of people in the office at one time.
- f. We are keeping the clinic cooler to help keep our clinic team more comfortable under all the PPE (personal protective equipment) they are wearing. So, we recommend that you bring a sweater if you tend to get cold.
- g. If you start feeling sick or any answers to the questions in this form change from an "No" to a "Yes" please contact us right away so we can determine if the appointment needs to be moved.
- h. If you have any questions for us either enter them in the box below or call us at 403-266-6868

16. Has there been any changes to your address? phone number? or insurance since your last visit? \*

Yes

No

17. If you answered "Yes" to any of the questions in question 16, please add the new information here.

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