

Patient screening questions

1. Did you have close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?
2. Have you been diagnosed as a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?
3. Do you 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 sense 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

If your response to all the above questions is 'No', please inform us as follows – “My response to all the screening questions is 'No'.

If your response to any of the above questions is 'Yes', please inform us and also immediately contact your healthcare provider or Telehealth Ontario (1-866-797-0000). We will gladly reschedule your treatment, after you have completed the steps advised by your healthcare provider or Telehealth Ontario.