

Patient screening questionnaire

Q1. Vaccination status

Have you received your final (or second) vaccination dose more than 14 days ago?

Q2. Do you have any of the following symptoms?

- Fever and / or chills
- New onset of cough or worsening chronic cough
- Shortness of breath
- Decrease or loss of - sense of taste or smell

If adult (18 years of age or over):

- Unexplained fatigue/lethargy/malaise/ muscle aches (myalgias)

If child (less than 18 years of age):

- Nausea/vomiting, diarrhea

Q3. Have you tested positive for COVID- 19 in the past 10 days or have you been told you should be isolating?

The following questions need only be answered if you answered 'No' to Q 1

Q4. Have you travelled outside of Canada in the past 14 days?

Q5. Have you had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

If your response to questions to all applicable questions 2 to 5 is No, please inform us by text/email as follows –

My response to Q1 is - Yes / No and my response to applicable questions 2 to 5 is- No

If your response of to any of the questions 2 to 5 is 'Yes', please inform us and also immediately contact your health care provider or Telehealth Ontario (1-866-797-0000), if needed. We will gladly reschedule your treatment, after you have completed the steps advised by your healthcare provider or Telehealth Ontario.