



Pre-Appointment Questions

1. I have **NOT** experienced any flu-like symptoms in the last 14 days. Symptoms would include, but not limited to:
 - Cough
 - Shortness of Breath
 - Fever, Chills, Sore Throat
 - Muscle aches, Vomiting, New loss of taste or smell_____ (Initial)

2. I have **NOT** been in contact with anyone with COVID-19 symptoms in the past 14 days, or been asked to self-isolate by the provincial health authorities. _____ (Initial)

3. I am **NOT** waiting for results of a laboratory test for Covid-19. _____ (Initial)

4. I confirm I have **NOT** tested positive for Covid-19. _____ (Initial)

5. I have not returned from any country outside of Canada in the past 14 days. _____ (Initial)

6. I understand that BC's Provincial Health Officer has asked individuals to maintain social distancing of 2 meters, and it is not possible to maintain this distance and receive dental treatment. _____ (Initial)

7. I understand that dental procedures create water spray which is one way that the coronavirus can spread. _____ (Initial)

8. I understand that certain medical conditions can increase risk for Covid-19. Our office is designating certain appointment times for patients with the following pre-existing conditions: serious respiratory disease, serious heart conditions, immunocompromised conditions, diabetes, kidney disease or those undergoing dialysis, liver disease, pregnancy, and patients who are 70 years and over. If this applies to you, please contact our office to ensure you received the appropriate appointment time. _____ (Initial)

I verify the information I have provided on this form is truthful and accurate. (If you are unable to fill out the form completely, please contact us at 604-988-8168.)

SIGNATURE _____

Printed Name _____ Date _____