Dr. Gayle Wagman
Dr. Michelle Crystal

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2568 EGLINTON AVENUE WEST,
TORONTO, ONTARIO M6M 1T4

PATIENT SCREENING FORM

STAFF SCREENER - IN THE OFFICE ONLY

DATE OF SCREENING

PATIENT NAME

QUESTIONS

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS

- ☐ RUNNY NOSE OR SNIFFLES
- ☐ SORE THROAT
- ☐ COUGH
- ☐ FEVER / CHILLS

HAVE YOU TESTED POSITIVE FOR COVID-19 IN THE PAST 10 DAYS OR HAVE YOU BEEN TOLD TO ISOLATE? IF YES, PLEASE WAIT UNTIL YOUR SYMPTOMS ARE CLEAR BEFORE BOOKING AN APPOINTMENT.

○ YES ○ NO

HAS ANYONE IN YOUR HOUSEHOLD TESTED POSITIVE FOR COVID-19 IN THE PAST 10 DAYS OR IS IN ISOLATION?

○ YES ○ NO

HAVE YOU HAD CLOSE CONTACT WITH A CONFIRMED CASE OF COVID-19 WITHOUT WEARING APPROPRIATE PPE?

○ YES ○ NO

HAVE YOU TRAVELLED OUTSIDE OF ONTARIO IN THE PAST 10 DAYS?

○ YES ○ NO

HAVE YOU BEEN VACCINATED

- ○ ONE VACCINE
- ○ TWO VACCINES
- ○ THREE VACCINES
- ○ NO

SIGNATURE

DATE