Trillium Health Clinic
Naturopathic Medicine and Wellness

COVID-19 Screening Questions for Patients

Naturopathic Doctors and all other regulated health practitioners are required by the Ontario Ministry of Health & Long-Term Care to screen every patient attending an in person appointment.

If you answer "yes" to any of the following questions, we cannot see you for an in-person appointment and you must get tested for COVID-19.

1. **Have you travelled outside Canada in the last 14 days?**
   ☐ Yes ☐ No

2. **Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?**
   ☐ Yes ☐ No

3. **Do you have any of the following symptoms?**

☐ Yes	☐ No	• Fever
☐ Yes	☐ No	• New onset of cough
☐ Yes	☐ No	• Worsening chronic cough
☐ Yes	☐ No	• Shortness of breath
☐ Yes	☐ No	• Difficulty breathing
☐ Yes	☐ No	• Sore throat
☐ Yes	☐ No	• Difficulty swallowing
☐ Yes	☐ No	• Decrease or loss of sense of taste or smell
☐ Yes	☐ No	• Chills
☐ Yes	☐ No	• Headaches
☐ Yes	☐ No	• Unexplained fatigue/malaise/muscle aches (myalgias)
☐ Yes	☐ No	• Nausea/vomiting, diarrhea, abdominal pain
☐ Yes	☐ No	• Pink eye (conjunctivitis)
☐ Yes	☐ No	• Runny nose or nasal congestion without other known cause

4. **If you are 70 years of age or older, are you experiencing any of the following symptoms?**

☐ Yes	☐ No	• Delirium
☐ Yes	☐ No	• Unexplained or increased number of falls
☐ Yes	☐ No	• Acute functional decline
☐ Yes	☐ No	• Worsening of chronic conditions

COVID-19 Screening Results

If your responses to ALL of the screening questions is NO: You have screened "Negative" and may attend your appointment.
If your response to ANY of the screening questions is YES: You have screened "Positive" should self-isolate and get tested.

Patient Name:_____ **Signature:** _____

Date: _____