

## Ambulatory Patient/Client Risk Assessment: COVID-19 Initial Screening Questions

**Updated September 28, 2021**

		CIRCLE ONE	
1.	Do you have any symptoms of COVID 19?	YES	NO
2.	Have you had close contact (face-to-face contact) within 2 metres (6 feet) with someone who has COVID-19 symptoms?	YES	NO
3.	Have you been in contact in the last 14 days with a person confirmed to have COVID-19 or who is on self-isolation?	YES	NO
4.	Are you self-isolating or work isolating?	YES	NO

If answering “Yes” to question 1, they should be tested (if not already done). If appointment is essential, place patient/client on appropriate precautions (see Infection Control Protocols effective **September 30, 2021**).

If answering “Yes” to questions 2,3, or 4, the appointment is medically necessary and the patient/client is asymptomatic, place them on appropriate precautions for appointment/procedure, ensure they wear a mask appropriately, go directly in and out of the facility, and do hand hygiene. Area must be cleaned following the patient/client’s visit.

For Home Care Day Programs, if answering “Yes” to any question, the client should remain home and arrange for testing.

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_

\_\_\_\_\_  
 HPEI Representative Date