



SOUTH CALGARY PERIODONTAL GROUP
SPECIALISTS IN PERIODONTICS. DENTAL IMPLANT SURGERY.

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PRE-APPOINTMENT SCREENING QUESTIONS:

Please notify the front desk if you answer yes to any of the following prior to your scheduled appointment:

1. Do you have a fever or have felt hot or feverish anytime in the last 10 days?
2. Do you have any of the following symptoms: new cough or worsening cough? New shortness of breath or worsening shortness of breath? Difficulty breathing? Sore throat or painful swallowing? Flu-like symptoms? Runny nose?
3. Have you experienced a recent loss of smell or taste?
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?
5. Have you returned from travel outside of Canada in the last 14 days?
6. Have you returned from travel within Canada from a location known affected with COVID-19 in the last 14 days?
7. Is your workplace considered high risk? (e.g. routine close contact with many people)
8. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?

COVID-19 Risk Level from Screening Questionnaire COVID-19 Risk Level

COVID-19 Positive
Probable Risk
Moderate Risk
Low Risk

Screen Questions Answered "Yes"

Question: 1
Questions: 2, 3,4
Questions: one of 5, 6 or 7
Questions: None