nova scotia health authority
Cancer Care Program

Pre-appointment Screening for Adult Oncology Patients Documentation

Date: _____

Patient's name label

Question	Yes	No
1. Are you experiencing: ☐ a fever (above 38˚C) ☐ a new or worsening cough ☐ new or worsening shortness of breath ☐ a sore throat ☐ a runny nose ☐ a headache	Yes if ANY symptoms present ☐	No if NO symptoms present ☐
2. In the last two weeks, have you or anyone in your household been tested for COVID-19? If yes, what were the results? (positive, negative, pending)	Yes if positive or pending ☐	No if negative ☐
3. In the last two weeks, have you travelled outside Atlantic Canada? (NS, NB, PE, NL)	☐	☐
4. In the last two weeks, have you had close contact (within 6 feet or 2 metres) with someone who has tested positive for or has symptoms of COVID-19?	☐	☐
5. Does the patient live within a known COVID-19 community or facility cluster? (refer to Hub)	☐	☐
If "YES" to ANY question discuss with clinical team to determine next steps. **ACTIONS (check all appropriate boxes):** ☐ Delay appointment to a later date/rebook ☐ Change appointment to phone or video ☐ Continue with appointment as scheduled following IPAC precautions ☐ Patient referred for COVID-19 testing Contact patient with decision and appropriate instructions.	**If "NO" to ALL questions, continue with appointment as scheduled.**	

Screen completed by (name and designation): _____

Screen reviewed by (clinical team member name and designation): _____

Developed by NSHA Cancer Care Program Clinical Guidelines Sub Group. Version 3b. Created on March 27, last updated July 6, 2020 at 13:13. For the most up to date version visit the NSHA COVID-19 Hub.