

Hastings Location  
 2738 East Hastings Street  
 Vancouver, B.C., V5K 1Z9  
 Telephone: 604-251-6437  
 Fax: 604-251-7406

Victoria Location  
 5458 Victoria Drive  
 Vancouver, B.C., V5P 3V8  
 Telephone: 604-327-1400  
 Fax: 604-327-3340



**SUNRISE PHYSIOTHERAPY**  
 East Hastings • Victoria Drive

## Self Assessment – Pre-Screening Questions

### Question 1: Are you experiencing any of the following symptoms?

- Losing consciousness
- Severe dizziness
- Severe chest tightness or chest pain
- Severe difficulty breathing
- Feeling confused
- Difficulty speaking

**Yes**

**No**

Please call 9-1-1 immediately or have someone take you directly to the nearest emergency department. These symptoms require immediate attention. Please have someone call our clinic to cancel your appointment.

Go to Question 2.

### Question 2: Do you have chronic health conditions which you are having difficulty managing currently?

- Chronic health conditions (e.g. heart condition; chronic obstructive pulmonary disorder) that you are having difficulty managing because of difficulty breathing

**Yes**

**No**

Book an appointment to see your family doctor. If it becomes harder and harder to breathe, call 9-1-1 immediately or have someone take you directly to the nearest emergency department. These symptoms

Go to Question 3a.

|  |  |  |
|--|--|--|
| require immediate attention. Please have someone call our clinic to cancel your appointment. |  |  |
|--|--|--|

|   |  |                    |
|---|--|--------------------|
| <p><b>Question 3a: Are you experiencing cold-like, flu-like or COVID-19-like symptoms, this can include even the mild ones?</b></p> <p>Symptoms can include: coughing, chest tightness, shortness of breath, fever, chills, headache, fatigue, muscle aches, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell and/or taste.</p> |  |                    |
| <b>Yes</b>  |  | <b>No</b>          |
| <p>Please call to cancel your appointment.</p> <p>Please get tested for COVID-19, and self-isolate for at least 14 days from the onset of symptoms.</p>   |  | Go to Question 3b. |

|   |  |                    |
|---|--|--------------------|
| <p><b>Question 3b: Did you provide care to a person with confirmed COVID 19 or have close contact with a person with confirmed COVID-19?</b></p>        |  |                    |
| <b>Yes</b>  |  | <b>No</b>          |
| <p>Please call to cancel your appointment.</p> <p>Please get tested for COVID-19, and self-isolate for at least 14 days from the onset of symptoms.</p> |  | Go to Question 3c. |

|   |  |                   |
|---|--|-------------------|
| <p><b>Question 3c: Have you been in contact with a person or location that has a confirmed COVID-19 case within the last 14 days?</b></p>       |  |                   |
| <b>Yes</b>  |  | <b>No</b>         |
| <p>Please call to cancel your appointment.</p> <p>Please self-isolate for at least 14 days after exposure and speak to your medical doctor.</p> |  | Go to Question 4. |

| <b>Question 4: Have you travelled outside of <u>British Columbia</u> within the last 14 days?</b> |  |                   |
|---|--|-------------------|
| <b>Yes</b>  |  | <b>No</b>         |
| Please self-isolate for 14 days. Please call to cancel your appointment.                          |  | Go to Question 5. |

| <b>Question 5: Have you travelled outside of <u>Canada</u> within the last 14 days?</b> |  |   |
|---|--|---|
| <b>Yes</b>  |  | <b>No</b>   |
| Please self-isolate for 14 days. Please call to cancel your appointment.                |  | Please proceed with your scheduled appointment, and arrive 5 min. before the appointment. |

Completed by : \_\_\_\_\_ (Name in full)    Date : \_\_\_\_\_

Thank you for completing the self assessment pre-screening questions. Please bring this questionnaire to us when you come for the appointment.

We look forward to continuing to help you with your physical rehabilitation needs.

Please contact us if you have any other questions!

Sincerely,

Sunrise Physiotherapy Management