



Date: \_\_\_\_\_

NTC Intake Pre-screening Questions:

Client Name: \_\_\_\_\_

- Do you currently have or have recently been exposed to anyone with cold or flu symptoms?

(cough, fever, runny nose, sore throat or difficulty breathing)

- Have you been travelling from your home recently?
- Have you been isolating recently due to your own illness or possible exposure?

Please confirm that you have self-isolated as part of this admission. YES / NO

You have completed the Travel proof of transport home? YES / NO

If the answer is YES to any of these questions, we would ask for more information to clarify. Wear a mask if have possible exposure, and if illness disclosed, stay at home.

Referral Worker Signature: \_\_\_\_\_