

COVID-19 Screening Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff and patients, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Self-Declaration by Patient 1. Have you or have you been in contact with anyone who has been diagnosed with Coronavirus in the last 14 days? Yes No 2. Have you been in contact with anyone who has Self Isolated in the last 14 Days? Yes No 3. Have you experienced any cold or flu-like symptoms in the last 14 days including: Do you have a new continuous cough? Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you too ill to do your usual daily activities? Yes No Are you too ill to do your usual daily activities? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes Yes No 5. Have you been advised that you need to be shielded? Yes Yes No	Patie	ent Name:	Phone number:	
Coronavirus in the last 14 days? Yes No 2. Have you been in contact with anyone who has Self Isolated in the last 14 Days? Yes No 3. Have you experienced any cold or flu-like symptoms in the last 14 days including: Do you have a new continuous cough? Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you to ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you been advised that you need to be shielded? Yes No 5. Have you been advised that you need to be shielded? Yes No	Self-Declaration by Patient			
Yes No 2. Have you been in contact with anyone who has Self Isolated in the last 14 Days? Yes No 3. Have you experienced any cold or flu-like symptoms in the last 14 days including: Do you have a new continuous cough? Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No As ore throat, a tacky throat or soreness when swallowing food? Yes No Are you experienced loss of taste and smell? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No	1.	Have you or have you been in contact with anyone who has been diagnosed with		
2. Have you been in contact with anyone who has Self Isolated in the last 14 Days? Yes No 3. Have you experienced any cold or flu-like symptoms in the last 14 days including: Do you have a new continuous cough? Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathle? Yes No Have you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No As ore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you to ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you DO ROLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No		Coronavirus in the last 14 days?		
Yes No 3. Have you experienced any cold or flu-like symptoms in the last 14 days including: Do you have a new continuous cough? Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you been advised that you need to be shielded? Yes No 5. Have you been advised that you need to be shielded? Yes No		Yes 🗌 🛛 No 🗆		
3. Have you experienced any cold or flu-like symptoms in the last 14 days including: Do you have a new continuous cough? Yes Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you been advised that you need to be shielded? Yes No	2.	Have you been in contact with anyone who has	s Self Isolated in the last 14 Days?	
Do you have a new continuous cough? Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No		Yes 🗌 No 🗆		
Do you have a new continuous cough? Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No				
Yes No Have you become breathless, or are you more breathless than usual? Do you struggle to breathle? Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No	3.			
Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Have you too ill to do your usual daily activities? Yes No Are you too ill to do your usual daily activities? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No				
Yes No Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No				
Do you have a high temperature (fever)? If you don't have a thermometer do you feel hot to touch on your chest or back? Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No		-	athless than usual? Do you struggle to breathe?	
to touch on your chest or back? Yes Yes A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes Yes No				
Yes No A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Have you too ill to do your usual daily activities? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No				
A sore throat, a tacky throat or soreness when swallowing food? Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No		-		
Yes No Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No				
Have you experienced loss of taste and smell? Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No				
Yes No Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No				
Are you too ill to do your usual daily activities? Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No		Have you experienced loss of taste and smell?		
Yes No Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No Date:				
Are you feeling more confused than normal? Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No		Are you too ill to do your usual daily activities?		
Yes No 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes Yes No 5. Have you been advised that you need to be shielded? Yes Yes No		Yes 🗌 No 🗌		
 4. Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes No 5. Have you been advised that you need to be shielded? Yes No 		Are you feeling more confused than normal?		
Yes No 5. Have you been advised that you need to be shielded? Yes No		Yes 🗌 No 🗌		
5. Have you been advised that you need to be shielded? Yes No No	4.	Are you 70 OR OLDER with Cardiac Problems or	r Respiratory Problems or Diabetes?	
Yes 🗆 No 🗆		Yes 🗌 🛛 No 🗆		
Yes 🗆 No 🗆				
Date:	5.	Have you been advised that you need to be shielded?		
Signed: Date:		Yes 🗆 No 🗆		
Signed: Date:				
Signed:	Date			
	Sign	ed:		

If the answer to any of these questions is **YES** then unfortunately, we will be unable to see you for your appointment. Please contact us if this is the case.

If the answer to any of these is **NO** then you can proceed to coming in for your appointment, Please do be advised that we may need to complete a temperature check when you arrive at the practice.