

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.

Patient Name:	Phone number:
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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 <input type="checkbox"/> No <input type="checkbox"/>
2.	Have you been in contact with anyone who has Self Isolated in the last 14 Days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you experienced any cold or flu-like symptoms in the last 14 days including: Do you have a new continuous cough? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you become breathless, or are you more breathless than usual? Do you struggle to breathe? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> A sore throat, a tacky throat or soreness when swallowing food? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you experienced loss of taste and smell? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you too ill to do your usual daily activities? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you feeling more confused than normal? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Are you 70 OR OLDER with Cardiac Problems or Respiratory Problems or Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Have you been advised that you need to be shielded? Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed:	Date:
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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.