

## PRE- APPOINTMENT COVID QUESTIONNAIRE

Can you please print and complete this form before attending the clinic. If you have any **Yes** answers, can you please call me on **07907 001061** before attending.

1. Have you or anyone in your household/bubble tested positive for Covid? If so when?  
How are you feeling now? **Yes/No?**

2. Are you or anyone in your household/bubble shielding? **Yes/No**

3. Are you or anyone from your family/bubble in self/household isolation just now?  
**Yes/No**

4. Are you awaiting Covid-19 test or test results? **Yes/No**

5. Have you returned from travelling abroad within the last two weeks? **Yes/No**

6. Do you or anyone in your household/bubble show any of the signs/symptoms of covid-19 including:

○ **A high temperature:** This means you feel hot to touch on your chest or back (you do not need to measure your temperature) but if you attend the clinic and it is 38.5 or over you will not be allowed entry. **Yes/No**

○ **A new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) . **Yes/No**

○ **a loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal. **Yes/No**

Most people with symptoms have at least 1 of these

Many thanks for completing this.  
I look forward to treating you soon,  
Fiona