

COVID-19

PATIENT PRE-APPOINTMENT CHECK

Please retain in patient file



PATIENT NAME:

DATE of TELEPHONE CALL:

DATE of APPOINTMENT:

QUESTIONS	YES	NO
Have you tested positive for COVID-19 in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you waiting for a COVID-19 test or the results?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a fever?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a cough?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a new loss of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is **NO** then they should be asked to keep appointment and if they feel unwell at all on the day to contact the practice to cancel.

If the answer is **YES** to any of the questions above the patient should be directed to stay home and self-isolate for 7 days. If they live with others they should stay home and self-isolate for 14 days. After this period they can reschedule their appointment if they are fully recovered.

If the patient is attending with parent/guardian/carer/translator, the accompanying person needs to be asked the same questions. If they answer **YES** an alternative person should be asked to accompany the patient.

QUESTIONS	YES	NO
Do you have chills?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have repeated shaking with chills?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have muscle pain?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a headache?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have vomiting?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diarrhoea?	<input type="checkbox"/>	<input type="checkbox"/>

If the patient answers **YES** to at least **TWO of these symptoms**, they should be asked to reschedule their appointment for when they are fully recovered.

If the parent/guardian/carer/translator accompanying the patient answers **YES**, an alternative person should be asked to accompany the patient.