

Pre-Appointment COVID-19 Screening Questionnaire

To keep our staff and our patients at this practice safe during the COVID-19 pandemic, we are required to update patients' medical histories and to assess everyone's COVID-19 status. Therefore, we will need to ask you questions regarding your past and current health.

Please provide accurate answers and help us to help you.

We will be contacting patients several days before their appointment and ask the questions below. If the answer changes before your appointment, please let the surgery know as soon as possible.

We require answers to the following questions:

Questions	Yes	No
1. Have you tested positive for COVID-19 in the last 7 days?		
2. Are you waiting for a COVID-19 test or a test result?		
3. Have you been notified by NHS Test and Trace in the last 14 days that you are a contact of a person (with whom you do not live) who has tested positive with COVID-19?		
4. Have you a high temperature (above 37.8 C) or a fever?		
5. Do you have a new continuous cough (coughing for longer than an hour or have 3 or more coughing episodes in 24 hours)?		
6. Do you have a change or loss of smell or taste from normal?		
7. Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the last 14 days		

If you answer no to ALL the above questions, we will be able to arrange an appointment. Priority is given to those who are in pain, swelling or bleeding.

If you answer yes to any of the above questions, we will have to defer your appointment according to government guidelines.

If you have answered NO to all the above questions, we need an answer to one further question:

Question	Yes	No
Have you been informed by the NHS that you should SHIELD, or by your doctor that you are in a VULNERABLE group? (If you answer YES to this question, we will need to ask you further questions in order to properly risk assess a visit to the surgery.)		

Thank you for your time in answering these questions. Please sign the form confirming the statement below.

I have read and understood the questions I have been asked in relation to my health and have provided accurate answers.

Signed..... Date