

Harding Physiotherapy Ltd COVID-19 Screening Form prior to clinic attendance

To be completed by the client (via email, telephone, remote video conferencing or face to face before you enter the clinic) **prior to attending for every face to face appointment.** You will be asked to answer the questions on this form each time you attend.

Please note this information is required to help us to manage the risk from Coronavirus to you, our staff and to other service users.

Your data may also be used to assist us in contact tracing, if required, at a later date.

Name	
DOB	
Address	
Date and time of appointment	
Do you have any of the following (please answer yes/no for each question)	<p>High (37.8 degrees centigrade or above) temperature or fever?</p> <p>New continuous cough?</p> <p>New Loss of, or change in, your taste or smell?</p> <p>Shortness of Breath/Runny Nose/Sore throat?</p> <p>Is anyone in your household showing any of the above symptoms?</p> <p>Are you, or anyone in your household self isolating?</p> <p>Have you been in close contact with anyone with the above symptoms, or confirmed COVID, in the past 14 days?</p> <p>If yes to any of the above, please do not attend your face to face appointment, instead telephone the clinic to either re-arrange, or change to a remote session. If you feel unwell, we advise you seek further information on Coronavirus via NHS 111 telephone or online.</p> <p>Have you been issued a shielding letter?</p>
Signed	
Date completed	

Staff Use: Checked verbally on arrival at clinic Signed.....

Date.....